

**Fill in this information to identify the case:**Debtor name **Pine Creek Medical Center, LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**Case number (if known) **19-33079-11**☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **5,392,170.85****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **5,392,170.85****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **342,482.70****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **20,480,925.26****4. Total liabilities** .....  
Lines 2 + 3a + 3b\$ **20,823,407.96**

**Fill in this information to identify the case:**Debtor name Pine Creek Medical Center, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number (if known) 19-33079-11☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**☐ No. Go to Part 2.☒ Yes Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1. <u>BBVA</u>	<u>Checking</u>	<u>7576</u>	<u>\$371,739.92</u>
3.2. <u>BBVA</u>	<u>Checking</u>	<u>1124</u>	<u>\$17.70</u>
3.3. <u>CrossFirst Bank</u>	<u>Checking</u>	<u>8604</u>	<u>\$2,202.10</u>
3.4. <u>PNC Bank</u>	<u>Checking</u>	<u>3158</u>	<u>\$12,287.00</u>
3.5. <u>First National Bak</u>	<u>Checking</u>	<u>940</u>	<u>\$98,250.13</u>

**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$484,496.85****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 1

Debtor **Pine Creek Medical Center, LLC**  
NameCase number (If known) 19-33079-11

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

**11. Accounts receivable**

11a. 90 days old or less:	<u>67,287.00</u>	-	<u>0.00</u>	= ....	<u>\$67,287.00</u>
	face amount		doubtful or uncollectible accounts		

11a. 90 days old or less:	<u>2,100,000.00</u>	-	<u>0.00</u>	= ....	<u>\$2,100,000.00</u>
	face amount		doubtful or uncollectible accounts		

11b. Over 90 days old:	<u>2,682,387.00</u>	-	<u>0.00</u>	=....	<u>\$2,682,387.00</u>
	face amount		doubtful or uncollectible accounts		

**12. Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$4,849,674.00****Part 4: Investments****13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.  
☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☒ No. Go to Part 8.  
☐ Yes Fill in the information below.

**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.

Debtor Pine Creek Medical Center, LLC  
NameCase number (If known) 19-33079-11☐ Yes Fill in the information below.**Part 9: Real property****54. Does the debtor own or lease any real property?**☐ No. Go to Part 10.☒ Yes Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest****Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

**Nature and extent of debtor's interest in property****Net book value of debtor's interest**  
(Where available)**Valuation method used for current value****Current value of debtor's interest**55.1. **9032 Harry Hines Boulevard, Dallas, TX and 9080 Harry Hines Boulevard, Dallas, TX****Tenant****Unknown****N/A****Unknown****56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

**\$0.00****57. Is a depreciation schedule available for any of the property listed in Part 9?**☒ No☐ Yes**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**☒ No☐ Yes**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**☒ No. Go to Part 11.☐ Yes Fill in the information below.**Part 11: All other assets****70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.☒ Yes Fill in the information below.**Current value of debtor's interest****71. Notes receivable**

Description (include name of obligor)

**72. Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

Debtor **Pine Creek Medical Center, LLC**  
NameCase number (If known) 19-33079-1173. **Interests in insurance policies or annuities**74. **Causes of action against third parties (whether or not a lawsuit has been filed)****Potential causes of action against prior management****Unknown**

Nature of claim

Amount requested

**\$0.00****Don Buford, Jr., MD****1015 N. Carroll Avenue, Suite 2000****Dallas, TX 75204****\$50,000.00**

Nature of claim

**Theft of Hospital Property  
(Linvatec Shoulder Set)**

Amount requested

**\$50,000.00****Richard Buch, MD****4001 W. 15th Street, Suite 290****Plano, TX 75093****\$8,000.00**

Nature of claim

**Theft of Hospital Property  
(Moreland Retractor and Misc.  
Medical Instruments)**

Amount requested

**\$8,000.00**75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**76. **Trusts, equitable or future interests in property**77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

**\$58,000.00**79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor **Pine Creek Medical Center, LLC**  
NameCase number (If known) 19-33079-11**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$484,496.85</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$0.00</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$4,849,674.00</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$0.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$0.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$0.00</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$0.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>+</b> <b>\$58,000.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$5,392,170.85</b>	<b>+ 91b. \$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$5,392,170.85</b>

**Fill in this information to identify the case:**Debtor name **Pine Creek Medical Center, LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**Case number (if known) **19-33079-11**☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<b>2.1</b>	<b>CrossFirst Bank</b> Creditor's Name <b>2021 McKinney Avenue, Suite 800 Dallas, TX 75201</b> Creditor's mailing address  Creditor's email address, if known  Date debt was incurred <b>6/22/2018</b> Last 4 digits of account number <b>0003</b> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>Commercial Loan Agreement dated June 14, 2018</b>  Describe the lien  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$342,482.70</b> <b>\$342,482.70</b>

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$342,482.70****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**Fill in this information to identify the case:**Debtor name **Pine Creek Medical Center, LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**Case number (if known) **19-33079-11**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Dallas County Tax Assessor-Collector</b> <b>Attn: John R. Ames</b> <b>1201 Elm Street, Suite 2600</b> <b>Dallas, TX 75270</b> <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>NOTICE ONLY</b> <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>	<b>Unknown</b>
2.2	Priority creditor's name and mailing address <b>Internal Revenue Service</b> <b>Centralized Insolvency Operations</b> <b>P.O. Box 21126</b> <b>Philadelphia, PA 19114-0326</b> <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>NOTICE ONLY</b> <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>	<b>Unknown</b>



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2.3	Priority creditor's name and mailing address <b>Texas Comptroller of Public Accounts</b> <b>Revenue Acctg Div - Bankruptcy Section</b> <b>P.O. Box 13528</b> <b>Austin, TX 78711-3528</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>NOTICE ONLY</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.4	Priority creditor's name and mailing address <b>Texas Workforce Commission Tax-Collections</b> <b>101 E. 15th Street</b> <b>Austin, TX 78778-0001</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>NOTICE ONLY</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			<b>Amount of claim</b>
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3.1	Nonpriority creditor's name and mailing address <b>4-WEB, INC.</b> <b>PO BOX 671718</b> <b>DALLAS, TX 75267-1718</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$13,000.00</b>
	Date(s) debt was incurred	Basis for the claim: <b>Merchandise/Services Purchased</b>	
	Last 4 digits of account number <b>2493</b>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

3.2	Nonpriority creditor's name and mailing address <b>4060 SPINE INC.</b> <b>5706 E. MOCKINGBIIRD LANE SUITE 115-181</b> <b>DALLAS, TX 75206</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,695.00</b>
	Date(s) debt was incurred	Basis for the claim: <b>Merchandise/Services Purchased</b>	
	Last 4 digits of account number <b>2536</b>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

3.3	Nonpriority creditor's name and mailing address <b>7 SPINE GROUP</b> <b>125 S MAIN STREET</b> <b>FORT WORTH, TX 76104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$20,630.00</b>
	Date(s) debt was incurred	Basis for the claim: <b>Merchandise/Services Purchased</b>	
	Last 4 digits of account number <b>2533</b>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Pine Creek Medical Center, LLC</b> Name	Case number (if known) <u>19-33079-11</u>
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3.4	<b>Nonpriority creditor's name and mailing address</b> <b>A.M. SURGICAL, INC</b> <b>222 MIDDLE COUNTRY RD STE 202</b> <b>SMITHTOWN, NY 11787</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>2578</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$3,800.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.5	<b>Nonpriority creditor's name and mailing address</b> <b>AAF INTERNATIONAL</b> <b>24828 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1248</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>385</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$2,428.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.6	<b>Nonpriority creditor's name and mailing address</b> <b>ABBOTT LABORATORIES</b> <b>PO BOX 100997</b> <b>ATLANTA, GA 03038-4099</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>3</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$2,606.09</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.7	<b>Nonpriority creditor's name and mailing address</b> <b>ABBOTT LABORATORIES INC</b> <b>1380 SOUTH LOOP ROAD</b> <b>ALAMEDA, CA 94502</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>7</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$116,026.50</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.8	<b>Nonpriority creditor's name and mailing address</b> <b>ABILITY NETWORK INC</b> <b>PO BOX 856015</b> <b>MINNEAPLOIS, MN 55485-6015</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>3477</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$17,365.98</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.9	<b>Nonpriority creditor's name and mailing address</b> <b>ACADIAN AMBULANCE</b> <b>6505 WEST PARK BLVD #306-362</b> <b>PLANO, TX 75093</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>4005</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$6,957.12</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.10	<b>Nonpriority creditor's name and mailing address</b> <b>ACCENT INSURANCE RECOVERY SOLUTIONS</b> <b>PO BOX 952366</b> <b>ST. LOUIS, MO 63195-2366</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>916</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$5,117.02</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.11	<b>Nonpriority creditor's name and mailing address</b> <b>ACCESS PHYSICIANS</b> <b>PO BOX 670347</b> <b>DALLAS, TX 75267-0347</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2752</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$84,921.21</b>
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3.12	<b>Nonpriority creditor's name and mailing address</b> <b>ACCLARENT, INC</b> <b>16888 COLLECTION CENTER DR</b> <b>CHICAGO, IL 60693-0168</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2115</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$37,325.37</b>
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3.13	<b>Nonpriority creditor's name and mailing address</b> <b>ACIST MEDICAL SYSTEM INC.</b> <b>7905 FULLER RDAD</b> <b>EDEN PRAIRE, MN 55344</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3471</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,569.63</b>
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3.14	<b>Nonpriority creditor's name and mailing address</b> <b>ACUMED LLC</b> <b>7995 COLLECTION CENTER DRIVE</b> <b>CHICAGO, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>432</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,539.51</b>
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3.15	<b>Nonpriority creditor's name and mailing address</b> <b>ADAM HILL</b> <b>6216 COPERHILL DRIVER</b> <b>DALLAS, TX 75248</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3638</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$702.64</b>
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3.16	<b>Nonpriority creditor's name and mailing address</b> <b>ADMINISTRATIVE CONSULTANT SVC, LLC</b> <b>PO BOX 3368</b> <b>SHAWNEE, OK 74802</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5223</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,182.87</b>
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3.17	<b>Nonpriority creditor's name and mailing address</b> <b>ADVANCE MEDICAL DESIGNS</b> <b>1241 ATLANTA INDUSTRIAL DR</b> <b>MARIETTA, GA 30066</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4375</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,953.17</b>
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Debtor **Pine Creek Medical Center, LLC**  
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3.18	<b>Nonpriority creditor's name and mailing address</b> <b>ADVANCED MEDICAL TRAINING</b> <b>2126 BLOSSOM LANE</b> <b>RICHARDSON, TX 75081</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4007</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,450.00</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>ADVANCED ORTHO SOLUTIONS</b> <b>3203 KASHIWA ST</b> <b>TORRANCE, CA 90505</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4752</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,682.60</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>AESCLAP</b> <b>PO BOX 780426</b> <b>PHILADELPHIA, PA 19178-0426</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>8</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,696.96</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>AETNA, INC.</b> <b>PO BOX 14079</b> <b>LEXINGTON, KY 40512-4079</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>5025</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$388.82</b>
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>AGILITI HEALTH, INC.</b> <b>PO BOX 851313</b> <b>MINNEAPOLIS, MN 55485-1313</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>5165</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,372.70</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>AIRGAS USA, LLC</b> <b>PO BOX 676015</b> <b>DALLAS, TX 75267-6015</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>10</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,225.12</b>
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>ALEJANDRO SINGER MD</b> <b>3611 SWISS AVE</b> <b>DALLAS, TX 75204</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>569</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,600.00</b>

Debtor **Pine Creek Medical Center, LLC**  
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3.25	<b>Nonpriority creditor's name and mailing address</b> <b>ALIMED, INC.</b> <b>PO BOX 206417</b> <b>DALLAS, TX 75320</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>486</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$179.22</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>ALLEN FINES</b> <b>137 GYPSUM VALLEY DRIVE</b> <b>IDABEL, OK 74745</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3986</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$255.88</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>ALLEN MEDICAL SYSTEMS</b> <b>100 DISCOVERY WAY</b> <b>ACTON, MA 01720</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>211</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$2,830.96</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>ALLERGAN USA, INC.</b> <b>12975 COLLECTION CENTER DR</b> <b>CHICAGO, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>376</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$44,179.50</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>ALLIANT STAFFING SERVICES</b> <b>3 BETHESDA METRO CENTER STE 460</b> <b>BETHESDA, MD 20814</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2500</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$13,592.37</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>AMELIA RAMIREZ</b> <b>433 NW 20 STREET</b> <b>GRAND PRAIRIE, TX 75050</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3235</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$280.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.31	<b>Nonpriority creditor's name and mailing address</b> <b>AMERICAN MEDICAL ASSOCIATION</b> <b>330 N. WABASH ABE STE 39300</b> <b>CHICAGO, IL 60611-5885</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4867</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$96,083.97</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)	19-33079-11
<b>3.32</b> Nonpriority creditor's name and mailing address <b>AMERICARE INFUSION CENTERS,LLC</b> <b>2790 LAKE VISTA DRIVE</b> <b>LEWISVILLE, TX 75067</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5003</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$156.70</b>
<b>3.33</b> Nonpriority creditor's name and mailing address <b>Americorp Financial, LLC</b> <b>c/o Kristiana A. Ickes, VP Operations</b> <b>877 South Adams Road</b> <b>Birmingham, MI 48009</b> Date(s) debt was incurred <u>07/05/2016</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Equipment Lease #1853102</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.34</b> Nonpriority creditor's name and mailing address <b>AMERICORP FINANCIAL, LLC</b> <b>PO BOX 633559</b> <b>CINCINNATI, OH 45263-3559</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2144</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,720.15</b>
<b>3.35</b> Nonpriority creditor's name and mailing address <b>ANA MCDANIEL</b> <b>PO BOX 1207</b> <b>GRAPEVINE, TX 76099</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4126</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,770.84</b>
<b>3.36</b> Nonpriority creditor's name and mailing address <b>ANESTHESIA ALLIANCE OF DALLAS</b> <b>700 HIGHLANDER BLVD SUITE 415</b> <b>ARLINGTON, TX 76015</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2255</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$890.00</b>
<b>3.37</b> Nonpriority creditor's name and mailing address <b>ANESTHESIA ALLIANCE OF DALLAS,P.A</b> <b>700 HIGHLANDER BLVD SUITE 415</b> <b>ARLINGTON, TX 76015</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1914</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$890.00</b>
<b>3.38</b> Nonpriority creditor's name and mailing address <b>ANESTHESIA ALLIANCE OF DALLAS,PA</b> <b>700 HIGHLANDER BLVD SUITE 415</b> <b>ARLINGTON, TX 76015</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1916</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,450.00</b>

Debtor	<b>Pine Creek Medical Center, LLC</b> Name	Case number (if known)	<u>19-33079-11</u>
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3.39	<b>Nonpriority creditor's name and mailing address</b> <b>ANTHONY BERRY</b> <b>420 PERSIMMON DR</b> <b>GRAND PRAIRIE, TX 75052</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1357</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
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3.40	<b>Nonpriority creditor's name and mailing address</b> <b>ANTHONY BURCH</b> <b>3000 MOOUNT CREEK PARKWAY</b> <b>DALLAS, TX 75211</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3057</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$75.00</b>
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3.41	<b>Nonpriority creditor's name and mailing address</b> <b>APRIL EATON</b> <b>391 E LAS COLINAS BLVD #396</b> <b>IRVING, TX 75039</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3176</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$61.44</b>
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3.42	<b>Nonpriority creditor's name and mailing address</b> <b>APWU</b> <b>PO BOX 1358</b> <b>GLEN BURNIE, MD 21060</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4140</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$48.59</b>
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3.43	<b>Nonpriority creditor's name and mailing address</b> <b>ARMSTRONG MEDICAL INDUSTRIES, INC.</b> <b>575 KNIGHTSBRIDE PKWY</b> <b>LINCOLNSHIRE, IL 60069-0700</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>27</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$876.64</b>
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3.44	<b>Nonpriority creditor's name and mailing address</b> <b>ARTHREX INC.</b> <b>PO BOX 403511</b> <b>ATLANTA, GA 30384-3511</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>28</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$241,800.49</b>
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3.45	<b>Nonpriority creditor's name and mailing address</b> <b>ASCISTUS, LLC</b> <b>3507 SCARSDALE ROAD</b> <b>NASHVILLE, TN 37215</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5012</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,050.00</b>
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Debtor **Pine Creek Medical Center, LLC**  
NameCase number (if known) **19-33079-11**

3.46	<b>Nonpriority creditor's name and mailing address</b> <b>ASHLEIGH ABBOTT</b> <b>1836 W DAVIS STREET</b> <b>DALLAS, TX 75208</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>3703</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$230.64</b>
3.47	<b>Nonpriority creditor's name and mailing address</b> <b>ASTURA MEDICAL</b> <b>3186 LIONSHED AVE SUITE 100</b> <b>CARLSBAD, CA 92010</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>5005</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,830.00</b>
3.48	<b>Nonpriority creditor's name and mailing address</b> <b>ATMOS ENERGY</b> <b>PO BOX 78108</b> <b>PHOENIX, AZ 85062-8108</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>272</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,850.02</b>
3.49	<b>Nonpriority creditor's name and mailing address</b> <b>ATT</b> <b>PO BOX 5001</b> <b>CARL STREAM, IL 60197-5001</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>903</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,012.31</b>
3.50	<b>Nonpriority creditor's name and mailing address</b> <b>ATT</b> <b>PO BOX 277019</b> <b>ATLANTA, GA 30384-7019</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>323</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,012.31</b>
3.51	<b>Nonpriority creditor's name and mailing address</b> <b>ATT</b> <b>PO BOX 5019</b> <b>CARL STREAM, IL 60197-5019</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>2225</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,012.31</b>
3.52	<b>Nonpriority creditor's name and mailing address</b> <b>ATT MOBILITY</b> <b>PO BOX 650553</b> <b>DALLAS, TX 75265-0553</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4473</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$577.40</b>



Debtor **Pine Creek Medical Center, LLC**  
Name

Case number (if known)

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3.53	<b>Nonpriority creditor's name and mailing address</b> <b>AUTOLOGOUS BLOOD TECHNOLOGY, LLC</b> <b>906 W. MCDERMOTT DR SUITE 116-173</b> <b>ALLEN, TX 75013-6510</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>782</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,000.00</b>
3.54	<b>Nonpriority creditor's name and mailing address</b> <b>AXOGEN, INC.</b> <b>13859 PROGRESS BLVD SUITE 100</b> <b>ALACHUA, FL 32615</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2492</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,240.00</b>
3.55	<b>Nonpriority creditor's name and mailing address</b> <b>BALA GIRI, M.D.</b> <b>2704 WELBORN UNIT G</b> <b>DALLAS, TX 75219</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1416</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,341.88</b>
3.56	<b>Nonpriority creditor's name and mailing address</b> <b>BARD ACCESS SYSTEM, INC.</b> <b>PO BOX 75767</b> <b>CHARLOTTE, NC 28275</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2228</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$223.25</b>
3.57	<b>Nonpriority creditor's name and mailing address</b> <b>BASS SURGICAL, LLC</b> <b>16206 MILL POINT</b> <b>HOUTSON, TX 77059</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1574</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$81,103.00</b>
3.58	<b>Nonpriority creditor's name and mailing address</b> <b>BAXTER CLEAN CARE</b> <b>114 E NIBLICK STREET</b> <b>LONGVIEW, TX 75604</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>221</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$440.69</b>
3.59	<b>Nonpriority creditor's name and mailing address</b> <b>BAXTER HEALTHCARE</b> <b>ONE BAXTER PARKWAY</b> <b>DEERFIELD, IL 60015</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2097</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38,825.77</b>

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3.60	<b>Nonpriority creditor's name and mailing address</b> <b>BAXTER HEALTHCARE CORP</b> <b>ONE BAXTER PARKWAY DF3-2E</b> <b>DEERFIELD, IL 60015</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>45</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,749.49</b>
3.61	<b>Nonpriority creditor's name and mailing address</b> <b>BAYER HEALTHCARE</b> <b>1 BAYER DRIVE</b> <b>INDIANOLA, PA 15051</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3472</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,838.32</b>
3.62	<b>Nonpriority creditor's name and mailing address</b> <b>BEACON HILL STAFFING GROUP, LLC</b> <b>PO BOX 846193</b> <b>BOSTON, MA 02284-6193</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5065</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,918.10</b>
3.63	<b>Nonpriority creditor's name and mailing address</b> <b>BEACONMEDAES LLC</b> <b>1059 PARAGON WAY</b> <b>ROCK HILL, SC 29730</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>273</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,798.35</b>
3.64	<b>Nonpriority creditor's name and mailing address</b> <b>BEATTY</b> <b>9345 151ST AVE NW</b> <b>REDMOND, WA 98052</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4840</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,090.00</b>
3.65	<b>Nonpriority creditor's name and mailing address</b> <b>BEAVER-VISITEC INTERNATIONAL, INC.</b> <b>411 WEAVERLEY OAKS ROAD</b> <b>WALTHAM, MA 02452</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1777</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,717.53</b>
3.66	<b>Nonpriority creditor's name and mailing address</b> <b>BECKMAN COULTER, INC.</b> <b>DEPT CH 10164</b> <b>PALATINE, IL 60055-0164</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2232</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,004.11</b>

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3.67	<b>Nonpriority creditor's name and mailing address</b> <b>BEEKLEY CORPORATION</b> <b>ONE PRESTIGE LANE</b> <b>BRISTOL, CT 06010</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>502</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$111.95</b>
3.68	<b>Nonpriority creditor's name and mailing address</b> <b>BENITO DOMINGUEZ</b> <b>3050 SERVER AVENUE</b> <b>DALLAS, TX 75216</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>3628</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12.59</b>
3.69	<b>Nonpriority creditor's name and mailing address</b> <b>BETSY ROSS FLAG GIRLS, INC.</b> <b>11005 GARLAND RD</b> <b>DALLAS, TX 75218</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>2445</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$195.65</b>
3.70	<b>Nonpriority creditor's name and mailing address</b> <b>BIO-RAD LABORATORIES INC</b> <b>PO BOX 849740</b> <b>LOS ANGELES, CA 90084-9740</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>50</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$568.12</b>
3.71	<b>Nonpriority creditor's name and mailing address</b> <b>BIOMET MICROFIXATION</b> <b>75 REMITTANCE DRIVE SUTIE 3071</b> <b>CHICAGO, IL 60675-3071</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>1825</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$548.95</b>
3.72	<b>Nonpriority creditor's name and mailing address</b> <b>BIOTISSUE</b> <b>8305 NW 27 STREET SUTIE 101</b> <b>DORAL, FL 33122</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>2438</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,024.00</b>
3.73	<b>Nonpriority creditor's name and mailing address</b> <b>BONE FOAM, INC</b> <b>20175 COUNTRY ROAD 50</b> <b>CORNCORAN, MN 55340</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>2147</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,303.78</b>

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3.74	<b>Nonpriority creditor's name and mailing address</b> <b>BONNIE HAYES</b> <b>227 W LOUISIANA AVE</b> <b>DALLAS, TX 75224</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3606</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$99.96</b>
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3.75	<b>Nonpriority creditor's name and mailing address</b> <b>BOSS INSTUMENTS LTD</b> <b>104 SOMMERFIELD DRIVE</b> <b>GORDONSVILLE, VA 22942</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>368</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,191.24</b>
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3.76	<b>Nonpriority creditor's name and mailing address</b> <b>BOSTON SCIENTIFIC NEUROMODULATION</b> <b>PO BOX 952195</b> <b>DALLAS, TX 75395-2195</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>429</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,416.26</b>
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3.77	<b>Nonpriority creditor's name and mailing address</b> <b>BOSTON SCIENTIFIC CORPORATION</b> <b>PO BOX 951653</b> <b>DALLAS, TX 75395-1653</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>51</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$355,465.81</b>
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3.78	<b>Nonpriority creditor's name and mailing address</b> <b>BRANDY FORD</b> <b>701 PARTRIDGE LANE</b> <b>WHITEHOUSE, TX 75791</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3845</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50.00</b>
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3.79	<b>Nonpriority creditor's name and mailing address</b> <b>BRIAN STRAUS MD</b> <b>400 W LBJ FREEWAY STE 330</b> <b>IRVING, TX 75063</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1414</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,756.00</b>
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3.80	<b>Nonpriority creditor's name and mailing address</b> <b>BRUCE I PRAGER MD</b> <b>1713 MESQUITE RD</b> <b>SOUTHLAKE, TX 76092</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>562</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$900.00</b>
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3.81	<b>Nonpriority creditor's name and mailing address</b> <b>BURKS MEDICAL CONSULTING</b> <b>2364 HWY287 N SUITE 119</b> <b>MANSFIELD, TX 76063</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5164</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$27,630.35</b>
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3.82	<b>Nonpriority creditor's name and mailing address</b> <b>BUSINESS INTERIORS</b> <b>1111 VALLEY VIEW LANE</b> <b>DALLAS, TX 75061</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1716</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,956.46</b>
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3.83	<b>Nonpriority creditor's name and mailing address</b> <b>C M R Partners, Ltd.</b> <b>c/o Echo Ridge, LLC</b> <b>9080 Harry Hines Blvd., Suite 110</b> <b>Dallas, TX 75235</b> Date(s) debt was incurred <u>01/09/2019</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Consumer Debt lawsuit (DC-19-00429)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.84	<b>Nonpriority creditor's name and mailing address</b> <b>C M R Partners, Ltd.</b> <b>9080 Harry Hines Blvd., Suite 110</b> <b>Dallas, TX 75235</b> Date(s) debt was incurred <u>1/9/2019</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Civil lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.85	<b>Nonpriority creditor's name and mailing address</b> <b>C.R. BARD INC.</b> <b>PO BOX 75767</b> <b>CHARLOTTE, NC 28275</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>948</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,988.25</b>
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3.86	<b>Nonpriority creditor's name and mailing address</b> <b>CALL MD</b> <b>PO BOX 2487</b> <b>HALLANDALE, FL 33008</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2172</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$170.97</b>
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3.87	<b>Nonpriority creditor's name and mailing address</b> <b>CANNEFAX CONSULTING</b> <b>1066 OAK HOLLOW LANE</b> <b>COMBINE, TX 75159</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1186</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$945.00</b>
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3.88	<b>Nonpriority creditor's name and mailing address</b> <b>CANTEEN REFRESHMENT SERVICES</b> <b>PO BOX 417632</b> <b>BOSTON, MA 02241-7932</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1159</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$462.03</b> <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.89	<b>Nonpriority creditor's name and mailing address</b> <b>CARDINAL</b> <b>851 HENERIETTA CREEK RD</b> <b>REANOKE, TX 76262</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>59</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$519,126.63</b> <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.90	<b>Nonpriority creditor's name and mailing address</b> <b>Cardinal Health</b> <b>7000 Cardinal Place</b> <b>Dublin, OH 43017</b> Date(s) debt was incurred <u>04/14/2016</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b> <b>Basis for the claim:</b> <u>Equipment lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.91	<b>Nonpriority creditor's name and mailing address</b> <b>CARDINAL HEALTH</b> <b>3080 W-I20</b> <b>GRAND PRAIRIE, TX 75052</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>428</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$8,328.32</b> <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.92	<b>Nonpriority creditor's name and mailing address</b> <b>CARDINAL HEALTH</b> <b>3080 W-I20</b> <b>GRAND PRAIRIE, TX 75052</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4161</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$8,328.32</b> <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.93	<b>Nonpriority creditor's name and mailing address</b> <b>CARDINAL HEALTH 108, INC</b> <b>PO BOX 857384</b> <b>DALLAS, TX 75284-7384</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>761</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$6,643.26</b> <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.94	<b>Nonpriority creditor's name and mailing address</b> <b>CAREFUSION 2200, INC.</b> <b>25146 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1250</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1863</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,504.63</b> <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.95	<b>Nonpriority creditor's name and mailing address</b> <b>CARESTREAM HEALTH INC</b> <b>DEPT CH 19286</b> <b>PALATINE, IL 60055-9286</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1294</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,518.70</b>
3.96	<b>Nonpriority creditor's name and mailing address</b> <b>CARL ZEISS MEDITEC, INC.</b> <b>PO BOX 100372</b> <b>PASADENA, CA 91189-0372</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2273</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,575.35</b>
3.97	<b>Nonpriority creditor's name and mailing address</b> <b>CARTER BLOODCARE</b> <b>PO BOX 916068</b> <b>FORT WORTH, TX 76191-6068</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>285</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,788.00</b>
3.98	<b>Nonpriority creditor's name and mailing address</b> <b>CARTER BRYANT</b> <b>600 ALABASTER PLACE</b> <b>CEDAR HILL, TX 75104</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4058</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$378.13</b>
3.99	<b>Nonpriority creditor's name and mailing address</b> <b>CASSANDRA LEWIS</b> <b>153 BUSHEL LANE</b> <b>DALLAS, TX 75241</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3631</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
3.100	<b>Nonpriority creditor's name and mailing address</b> <b>CDW GOVERNMENT LLC</b> <b>230 N MILWAUKEE AVE</b> <b>VERNON HILLS, IL 60061</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>955</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,173.71</b>
3.101	<b>Nonpriority creditor's name and mailing address</b> <b>CEDRIC MAYS</b> <b>7036 BETHLEHEM DRIVE</b> <b>GRAND PRAIRIE, TX 75054</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3700</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$215.80</b>

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3.102	<b>Nonpriority creditor's name and mailing address</b> <b>CELIA GONZALEZ</b> <b>7355 STONE PINE LN</b> <b>HOUSTON, TX 75041</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4875</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$800.00</b>
3.103	<b>Nonpriority creditor's name and mailing address</b> <b>CETERIX ORTHOPAEDICS</b> <b>6500 KAISER DRIVER SUITE 120</b> <b>FERMONT, CA 94555</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4672</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,391.81</b>
3.104	<b>Nonpriority creditor's name and mailing address</b> <b>CHATONYA TATUM</b> <b>6850 S COCKERELL HILL RD APT 1615</b> <b>DALLAS, TX 75236</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>3246</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.00</b>
3.105	<b>Nonpriority creditor's name and mailing address</b> <b>CHEFWORKS</b> <b>12325 KERRAN STREET</b> <b>POWAY, CA 92064</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4898</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$120.16</b>
3.106	<b>Nonpriority creditor's name and mailing address</b> <b>CHRIS GALLAGHER MD</b> <b>5600 W. LOVERS LANE SUITE 116-289</b> <b>DALLAS, TX 75209</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4207</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$600.00</b>
3.107	<b>Nonpriority creditor's name and mailing address</b> <b>CHRIS MCNEIR</b> <b>1209 VINCENT ST #306</b> <b>FT WORTH, TX 76120</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>3563</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$81.25</b>
3.108	<b>Nonpriority creditor's name and mailing address</b> <b>CHRISTI HEARON</b> <b>7290 ASH STREET</b> <b>FRISCO, TX 75034</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>3852</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$33.26</b>



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3.109	<b>Nonpriority creditor's name and mailing address</b> <b>CHRISTINA BARRYER</b> <b>1306 PRESIDIO AVE</b> <b>DALLAS, TX 75216</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4765</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18.64</b>
3.110	<b>Nonpriority creditor's name and mailing address</b> <b>CHRISTOPHER WEBER</b> <b>1313 GLENWOOD DR</b> <b>AZLE, TX 76020</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3286</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$514.25</b>
3.111	<b>Nonpriority creditor's name and mailing address</b> <b>CITY CAFE</b> <b>5757 W Lovers Ln</b> <b>Dallas, TX 75209</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4834</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$249.34</b>
3.112	<b>Nonpriority creditor's name and mailing address</b> <b>CITY OF DALLAS</b> <b>PO BOX 180819</b> <b>DALLAS, TX 75218</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>284</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$450.00</b>
3.113	<b>Nonpriority creditor's name and mailing address</b> <b>CITY OF DALLAS</b> <b>CITY HALL 2D SOUTH</b> <b>DALLAS, TX 75277</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1653</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$450.00</b>
3.114	<b>Nonpriority creditor's name and mailing address</b> <b>CLEAVER BROOKS SALES &amp; SERVICE</b> <b>PO BOX 226865</b> <b>DALLAS, TX 75222-6865</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1510</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$924.73</b>
3.115	<b>Nonpriority creditor's name and mailing address</b> <b>CLIA LABORATORY PROGRAM</b> <b>11578 SORRENTO VALLEY RD</b> <b>SAN DIEGO, CA 92121</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>779</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,459.00</b>

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3.116	<b>Nonpriority creditor's name and mailing address</b> <b>CLIA WAVIED, INC.</b> <b>11578 SORRENTO VALLEY RD</b> <b>SAN DIEGO, CA 92121</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2882</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$77.94</b>
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3.117	<b>Nonpriority creditor's name and mailing address</b> <b>CLIMATEC, LLC</b> <b>PO BOX 51689</b> <b>LOS ANGELES, CA 90051-5989</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>448</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,096.05</b>
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3.118	<b>Nonpriority creditor's name and mailing address</b> <b>COKER GROUP HOLDINGS, LLC</b> <b>2400 LAKEVIEW PARKWAY SUITE 400</b> <b>ALPHARETTA, GA 03009</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5006</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$33,605.16</b>
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3.119	<b>Nonpriority creditor's name and mailing address</b> <b>Compass Bank</b> <b>132 Austin Avenue</b> <b>Weatherford, TX 76086</b> Date(s) debt was incurred <u>Various</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Equipment leases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.120	<b>Nonpriority creditor's name and mailing address</b> <b>COMPTROLLER OF PUBLIC ACCTS</b> <b>PO BOX 149355</b> <b>AUSTIN, TX 78714-9355</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3141</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,241.35</b>
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3.121	<b>Nonpriority creditor's name and mailing address</b> <b>CONFORMIS</b> <b>PO BOX 392311</b> <b>PITTSBURGH, PA 15251-9311</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1620</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28,200.00</b>
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3.122	<b>Nonpriority creditor's name and mailing address</b> <b>CONMED LINVATEC</b> <b>PO BOX 301231</b> <b>DALLAS, TX 75303-1221</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>117</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$37,553.24</b>
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3.123	<b>Nonpriority creditor's name and mailing address</b> <b>COOK MEDICAL, LLC</b> <b>22988 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1229</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1884</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,076.35</b>
3.124	<b>Nonpriority creditor's name and mailing address</b> <b>COOK, INC.</b> <b>22988 NETWORK PLACE</b> <b>CHICAGO, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>69</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,032.15</b>
3.125	<b>Nonpriority creditor's name and mailing address</b> <b>COOPER SURGICAL</b> <b>PO BOX 712280</b> <b>CINCINNATI, OH 45271-2280</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>70</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$365.84</b>
3.126	<b>Nonpriority creditor's name and mailing address</b> <b>CORA FRENCH</b> <b>337 VALLEY PARK DR</b> <b>GARLAND, TX 75043</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4188</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$213.95</b>
3.127	<b>Nonpriority creditor's name and mailing address</b> <b>CORAZON RAMIREZ</b> <b>1935 MEDICAL DISTRICT DRIVE</b> <b>DALLAS, TX 75235</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1010</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,000.00</b>
3.128	<b>Nonpriority creditor's name and mailing address</b> <b>CORIN USA LIMITED</b> <b>12750 CITRUS PARK LANE SUITE 120</b> <b>TEMPE, FL 33625</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1748</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,386.60</b>
3.129	<b>Nonpriority creditor's name and mailing address</b> <b>Corporation Service Company</b> <b>as Representative</b> <b>PO Box 2576</b> <b>UCCSPREP@CSCINFO.COM</b> <b>Springfield, IL 62708</b> Date(s) debt was incurred <u>01/14/2016</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Equipment lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.130	<b>Nonpriority creditor's name and mailing address</b> <b>COVIDIEN</b> <b>15 HAMPSHIRE STREET</b> <b>MANSFIELD, MA 02048</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>952</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,112.76</b>
3.131	<b>Nonpriority creditor's name and mailing address</b> <b>COWBOY CAB COMPANY INC</b> <b>PO BOX 150125</b> <b>DALLAS, TX 75215</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>793</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$70.20</b>
3.132	<b>Nonpriority creditor's name and mailing address</b> <b>CPM Medical Consultants, LLC</b> <b>c/o William McLaughlin</b> <b>1565 N. Central Expwy., Suite 200</b> <b>Richardson, TX 75080</b> Date(s) debt was incurred <b>04/24/2019</b> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim: <u>Consumer Debt lawsuit (DC-19-05856)</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$266,520.30</b>
3.133	<b>Nonpriority creditor's name and mailing address</b> <b>CPM MEDICAL CONSULTANTS, LLC</b> <b>3004 NOTTINGHAM DRIVE</b> <b>MCKINNEY, TX 75070</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>1079</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$251,568.30</b>
3.134	<b>Nonpriority creditor's name and mailing address</b> <b>CROWE HEALTHCARE RISK CONSULTING</b> <b>PO BOX 74750</b> <b>CHICAGO, IL 60694-4750</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>3987</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,312.50</b>
3.135	<b>Nonpriority creditor's name and mailing address</b> <b>CSA MEDICAL</b> <b>91 HARTWELL AVENUE</b> <b>LEXINGTON, MA 02413</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4235</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$48,905.00</b>
3.136	<b>Nonpriority creditor's name and mailing address</b> <b>CUSTOM GREENSCAPING INC</b> <b>1780 HURD DR</b> <b>IRVING, TX 75038</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>3772</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,621.65</b>

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3.137	<b>Nonpriority creditor's name and mailing address</b> <b>CYNTHIA THOMPSON</b> <b>502 LONG RIDGE WAY</b> <b>MURPHY, TX 75094</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>3248</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$620.59</b>
3.138	<b>Nonpriority creditor's name and mailing address</b> <b>DALLAS COUNTY HOSITAL DISTRICT LPPF</b> <b>GOVERNMENT REIMBURSEMENT 8435 N.</b> <b>STEMMON</b> <b>DALLAS, TX 75247</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>5235</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Government Reimbursement</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$869,616.79</b>
3.139	<b>Nonpriority creditor's name and mailing address</b> <b>DALLAS MEDICAL CENTER</b> <b>7 MEDICAL PARKWAY</b> <b>FRAMERS BRANCH, TX 75381-9094</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>1812</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$205,859.06</b>
3.140	<b>Nonpriority creditor's name and mailing address</b> <b>DAMIEN MALLAT MD</b> <b>11311 CONCEPT BLVD</b> <b>LARGO, FL 33773</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>2217</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,610.00</b>
3.141	<b>Nonpriority creditor's name and mailing address</b> <b>DANIELLE HALL</b> <b>1802 RIDGEVIEW STREET</b> <b>MESQUITE, TX 75149</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>3669</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50.00</b>
3.142	<b>Nonpriority creditor's name and mailing address</b> <b>De Lage Landen Financial Services Inc.</b> <b>1111 Old Eagle School Road</b> <b>Wayne, PA 19087</b> Date(s) debt was incurred <b>03/01/2010</b> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Equipment lease</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.143	<b>Nonpriority creditor's name and mailing address</b> <b>DEBBIE AUSTIN</b> <b>2006 CASSIDY LANE</b> <b>CORINTH, TX 76210</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4212</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$813.33</b>

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<b>3.144</b> Nonpriority creditor's name and mailing address <b>DENA A PUCKETT</b> <b>1908 SHADOW TRAIL</b> <b>PLANO, TX 75075</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>3926</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$50.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.145</b> Nonpriority creditor's name and mailing address <b>DENTON REGIONAL MEDICAL CENTER</b> <b>PO BOX 99400</b> <b>LOUISVILLE, KY 40269</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>4338</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$1,340.32</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.146</b> Nonpriority creditor's name and mailing address <b>DEPARTMENT OF THE TREASURY</b> <b>INTERNAL REVENUE SERVICES CENTER</b> <b>CINCINNATI, OH 45999-0009</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>2489</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$26.52</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.147</b> Nonpriority creditor's name and mailing address <b>DEPUY MITEK</b> <b>5972 COLLECTIONS CENTER DRIVE</b> <b>CHICAGO, IL 60693</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>225</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$21,333.28</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.148</b> Nonpriority creditor's name and mailing address <b>DEPUY SPINE SALES, L.P</b> <b>5972 COLLECTIONS CENTER DRIVE</b> <b>CHICAGO, IL 60693</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>229</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$9,548.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.149</b> Nonpriority creditor's name and mailing address <b>DEPUY SYNTHES JOINT RECON, INC.</b> <b>5972 COLLECTIONS CENTER DRIVE</b> <b>CHICAGO, IL 60693</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>78</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$3,670.75</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.150</b> Nonpriority creditor's name and mailing address <b>DEPUY SYNTHES SALES, INC</b> <b>PO BOX 8538-662</b> <b>PHILADELPHIA, PA 19171-0662</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>3922</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$4,562.85</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.151	Nonpriority creditor's name and mailing address <b>DEPUY SYNTHES SALES, INC.</b> <b>PO BOX 8538-662</b> <b>PHILADELPHIA, PA 19171-0662</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>187</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$393,634.17</b>
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3.152	Nonpriority creditor's name and mailing address <b>DERIC GENTRY</b> <b>4717 FLORIST</b> <b>WICHITA FALLS, TX 76302</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>3846</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50.00</b>
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3.153	Nonpriority creditor's name and mailing address <b>DEROYAL INDUSTRIES</b> <b>MSC 30316 PO BOX 415000</b> <b>NASHVILLE, TN 37241-0316</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>310</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$829.06</b>
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3.154	Nonpriority creditor's name and mailing address <b>DESIGNS FOR VISION</b> <b>4000 VETERANS MEMEORIAL HWY</b> <b>BOHENIA, NY 11716</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>1491</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,460.00</b>
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3.155	Nonpriority creditor's name and mailing address <b>DIGITAL AIR CONTROL, INC</b> <b>11251 NORTHWEST FREEWAY SUITE 200</b> <b>HOUSTON, TX 77092</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>4900</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$444.68</b>
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3.156	Nonpriority creditor's name and mailing address <b>DIRK RODRIGUEZ MD</b> <b>7515 GREENVILLE AVE SUITE 1030</b> <b>DALLAS, TX 75231</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>1358</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$450.00</b>
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3.157	Nonpriority creditor's name and mailing address <b>DJO SURGICAL</b> <b>9800 METRIC BLVD</b> <b>AUSTIN, TX 78758</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>625</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,263.00</b>
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3.158	<b>Nonpriority creditor's name and mailing address</b> <b>DORIS BENNETT</b> <b>200 JELLISON BLVD # 705</b> <b>DUNCANVILLE, TX 75116</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>3647</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12.64</b>
3.159	<b>Nonpriority creditor's name and mailing address</b> <b>DR SHIVANI PATEL</b> <b>5323 Harry Hines Blvd</b> <b>Dallas, TX 75390</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>1303</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,000.00</b>
3.160	<b>Nonpriority creditor's name and mailing address</b> <b>DR. OLAYINKO OGUNRO</b> <b>7989 W. VIRGINIA DR</b> <b>DALLAS, TX 75237</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>1238</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.00</b>
3.161	<b>Nonpriority creditor's name and mailing address</b> <b>DR. RICHARD ALEXANDER</b> <b>306 E. RANDOL MILL ROAD #136</b> <b>ARLINGTON, TX 76011</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>3957</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$935.00</b>
3.162	<b>Nonpriority creditor's name and mailing address</b> <b>DSS DATA SHREDDING SERVICES</b> <b>615 W 8TH STREET</b> <b>HOUSTON, TX 77018</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>895</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,764.50</b>
3.163	<b>Nonpriority creditor's name and mailing address</b> <b>DUTCH OPHTHALMIC USA</b> <b>10 CONTINENTAL DR BUILD 1</b> <b>EXETER, NH 03833</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>1650</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,417.93</b>
3.164	<b>Nonpriority creditor's name and mailing address</b> <b>ECOLAB</b> <b>PO BOX 32027</b> <b>NEW YORK, NY 10087-2027</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4936</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,160.03</b>



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3.165	<b>Nonpriority creditor's name and mailing address</b> <b>ED McANALLEY M.D.</b> <b>700 HIGHLANDER BLVD SUITE 415</b> <b>ARLINGTON, TX 76015</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1110</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$2,890.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.166	<b>Nonpriority creditor's name and mailing address</b> <b>ELITE DOCUMENT TECHNOLOGY</b> <b>400 N PAUL ST 13TH FLOOR SUITE 1340</b> <b>DALLAS, TX 75201</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4321</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$1,173.15</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.167	<b>Nonpriority creditor's name and mailing address</b> <b>EMMA GRIGGS</b> <b>210 MCMURRY AVE</b> <b>DUNCANVILLE, TX 75116</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4142</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$120.19</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.168	<b>Nonpriority creditor's name and mailing address</b> <b>ENDO CHOICE INC</b> <b>PO BOX 200109</b> <b>PITTSBURGH, PA 15251-0109</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2348</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$494.24</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.169	<b>Nonpriority creditor's name and mailing address</b> <b>ENTELLUS MEDICAL</b> <b>3600 HOLLY LANE NORTH SUITE 40</b> <b>PLYMOUTH, MN 55447</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4337</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$4,935.74</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.170	<b>Nonpriority creditor's name and mailing address</b> <b>EPIMED INTERNATIONAL, INC</b> <b>141 SAL LANDRIO DR CROSSROAD</b> <b>BUSINESS PA</b> <b>JOHNSTON, NY 12095</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>82</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$94.57</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.171	<b>Nonpriority creditor's name and mailing address</b> <b>EQUITABLE LIFE AND CASUALTY</b> <b>PO BOX 2460</b> <b>SALT LAKE CITY, UT 84110</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4597</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$3,325.90</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Pine Creek Medical Center, LLC**  
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3.172	<b>Nonpriority creditor's name and mailing address</b> <b>ERBE USA, INCORPORATED</b> <b>2225 NORTHWEST PARKWAY</b> <b>MARIETTA, GA 30067</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>2245</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,019.95</b>
3.173	<b>Nonpriority creditor's name and mailing address</b> <b>ERNEST FORSYTHE</b> <b>7716 ROYAL LANE</b> <b>DALLAS, TX 75230</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>3051</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25.00</b>
3.174	<b>Nonpriority creditor's name and mailing address</b> <b>ERNST AND YOUNG</b> <b>3712 SOLUTIONS CENTER</b> <b>CHICAGO, IL 60677-3007</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>5188</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$67,642.07</b>
3.175	<b>Nonpriority creditor's name and mailing address</b> <b>ESUTURES.COM</b> <b>9645 WEST WILLOW LN</b> <b>MOKENA, IL 60448</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4400</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,960.91</b>
3.176	<b>Nonpriority creditor's name and mailing address</b> <b>Everbank Commercial Finance, Inc.</b> <b>10 Waterview Blvd., 2nd Floor</b> <b>Parsippany, NJ 07054</b> Date(s) debt was incurred <b>8/21/2014</b> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Equipment lease</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.177	<b>Nonpriority creditor's name and mailing address</b> <b>Everbank Commercial Finance, Inc.</b> <b>10 Waterview Blvd.</b> <b>Parsippany, NJ 07054</b> Date(s) debt was incurred <b>07/05/2016</b> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Equipment lease</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.178	<b>Nonpriority creditor's name and mailing address</b> <b>EXACTECH</b> <b>2320 NW 66TH COURT</b> <b>GAINSVILLE, FL 32653</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>594</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,191.10</b>

Debtor	Name	Case number (if known)	
	<b>Pine Creek Medical Center, LLC</b>	19-33079-11	
3.179	<b>Nonpriority creditor's name and mailing address</b> <b>EXCLUSION SCREENING, LLC</b> <b>2121 WISCONSIN AVE NW SUITE C2E</b> <b>WAHSINGTON, DC 20007</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4881</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,223.20</b>
3.180	<b>Nonpriority creditor's name and mailing address</b> <b>EXTREMITY MEDICAL, LLC</b> <b>300 INTERPACE PARKWAY SUITE 410</b> <b>PARSIPPANY, NJ 07054</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1979</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,001.00</b>
3.181	<b>Nonpriority creditor's name and mailing address</b> <b>FEDERAL INSURANCE COMPANY</b> <b>ATTN: LITIGATION MANAGEMENT UNIT</b> <b>CRUBB &amp;</b> <b>SIMSBURY, CT 06070</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2859</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,160.50</b>
3.182	<b>Nonpriority creditor's name and mailing address</b> <b>FEDEX</b> <b>500 ROSS STREET LOCK BOX 360353</b> <b>ROOM 154</b> <b>PITTSBURGH, PA 15262</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4905</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,326.77</b>
3.183	<b>Nonpriority creditor's name and mailing address</b> <b>FIRST CALL YOUR STAFFING SOURCE</b> <b>PO BOX 819 LOCK BOX # 1</b> <b>SPERRY, OK 74073</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4862</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,300.16</b>
3.184	<b>Nonpriority creditor's name and mailing address</b> <b>First Premier Bank</b> <b>P.O. Box 5519</b> <b>Sioux Falls, SD 57117-5519</b> Date(s) debt was incurred <u>03/15/2016</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Equipment lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.185	<b>Nonpriority creditor's name and mailing address</b> <b>FOLSOM METAL PRODUCTS, INC.</b> <b>153 CAHABA VAKLEY PKWY</b> <b>PELHAM, AL 35124</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1078</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,775.00</b>

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3.186	<b>Nonpriority creditor's name and mailing address</b> <b>FORESIGHT MEDICAL MANAGEMENT INC.</b> <b>PO BOX 79</b> <b>KITTERY PT, ME 03905</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>1497</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Merchandise/Services Purchased</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,840.00</b>
3.187	<b>Nonpriority creditor's name and mailing address</b> <b>FORMFAST LLC</b> <b>13421 MANCHESTER RD SUITE 208</b> <b>ST LOUIS, MO 63131</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4858</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Merchandise/Services Purchased</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,150.00</b>
3.188	<b>Nonpriority creditor's name and mailing address</b> <b>FORWARD ADVANTAGE</b> <b>7255 N FIRST STREET SUITE 106</b> <b>FRESNO, CA 93720</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>265</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Merchandise/Services Purchased</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,172.00</b>
3.189	<b>Nonpriority creditor's name and mailing address</b> <b>FRANK FEIGENBAUM MD</b> <b>9080 HARRY HINES BLVD SUITE 220</b> <b>DALLAS, TX 75235</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>2345</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Merchandise/Services Purchased</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$280.00</b>
3.190	<b>Nonpriority creditor's name and mailing address</b> <b>FX SHOULDER USA</b> <b>13465 MIDWAY ROAD SUITE 310</b> <b>DALLAS, TX 75244</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4906</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Merchandise/Services Purchased</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,500.00</b>
3.191	<b>Nonpriority creditor's name and mailing address</b> <b>GARRATT CALLAHAN</b> <b>50 INGLOLD ROAD</b> <b>BURLINGAME, CA 94010</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>2467</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Merchandise/Services Purchased</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,405.80</b>
3.192	<b>Nonpriority creditor's name and mailing address</b> <b>GE HEALTHCARE</b> <b>PO BOX 641936</b> <b>PITTSBURGH, PA 15264-1936</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4799</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Merchandise/Services Purchased</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$124,658.12</b>

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3.193	<b>Nonpriority creditor's name and mailing address</b> <b>General Electric Capital Corporation</b> <b>83 Wooster Heights Road</b> <b>Danbury, CT 06810</b> Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Equipment leases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.194	<b>Nonpriority creditor's name and mailing address</b> <b>GENERAL HOSPITAL SUPPLY</b> <b>2844 GRAY FOX ROAD</b> <b>MONROE, NC 28110</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>4202</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$264.00</b>
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3.195	<b>Nonpriority creditor's name and mailing address</b> <b>GERALDINE CHARLEBOIS</b> <b>1721 E. BELTINE RD # 1323</b> <b>COPPELL, TX 75019</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>3854</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,033.00</b>
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3.196	<b>Nonpriority creditor's name and mailing address</b> <b>GI SUPPLY</b> <b>PO BOX 45730</b> <b>BALTIMORE, MS 21297-5730</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>1402</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$399.49</b>
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3.197	<b>Nonpriority creditor's name and mailing address</b> <b>GINNIE PRUITT</b> <b>4809 HAYWOOD PKWY</b> <b>DALLAS, TX 75232</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>3538</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$110.00</b>
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3.198	<b>Nonpriority creditor's name and mailing address</b> <b>GLENN FRANK</b> <b>312 RILEY CREEK PLACE</b> <b>FORTH WORTH, TX 76115</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>3758</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$500.00</b>
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3.199	<b>Nonpriority creditor's name and mailing address</b> <b>GLENNA BGOSCHERT</b> <b>4526 CRANST ST</b> <b>GRAND PRAIRIE, TX 75052</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>4144</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$330.35</b>
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Debtor **Pine Creek Medical Center, LLC**  
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3.200	<b>Nonpriority creditor's name and mailing address</b> <b>GLOBUS MEDICAL</b> <b>PO BOX 203329</b> <b>DALLAS, TX 75320-3329</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>667</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$367,914.77</b>
3.201	<b>Nonpriority creditor's name and mailing address</b> <b>GODAT EQUITY LTD</b> <b>10427 Lennox Lane</b> <b>Dallas, TX 75229</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1729</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,061.84</b>
3.202	<b>Nonpriority creditor's name and mailing address</b> <b>GOLDMAN, EVANS &amp; TRAMELL LLC</b> <b>10323 CROSS CREEK BLVD F</b> <b>TEMPA, FL 33647</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5168</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,390.75</b>
3.203	<b>Nonpriority creditor's name and mailing address</b> <b>GRAINGER</b> <b>DEPT 865762843 PO BOX 419267</b> <b>KANSAS CITY, MO 64141-6267</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>290</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,775.60</b>
3.204	<b>Nonpriority creditor's name and mailing address</b> <b>GRAY, REED &amp; MCGRAW</b> <b>1300 POST OAK BLVD SUITE 2000</b> <b>HOUSTON, TX 77056</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>345</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,393.53</b>
3.205	<b>Nonpriority creditor's name and mailing address</b> <b>GROUP ONE SERVICES</b> <b>250 DECKER DRIVE</b> <b>IRVING, TX 75062</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1097</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,466.90</b>
3.206	<b>Nonpriority creditor's name and mailing address</b> <b>GULRUKH HOZRI</b> <b>956 DUNKIRK LANE</b> <b>ARLINGTON, TX 76017</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3807</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$133.91</b>

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3.207	<b>Nonpriority creditor's name and mailing address</b> <b>HALYARD SALES,LLC</b> <b>PO BOX 732583</b> <b>DALLAS, TX 75373-2583</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>835</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$560.18</b>
3.208	<b>Nonpriority creditor's name and mailing address</b> <b>HANNAH MARSHALL</b> <b>104 NW 6TH STREET</b> <b>HUBBARD, TX 76648</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>3896</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23.21</b>
3.209	<b>Nonpriority creditor's name and mailing address</b> <b>HEAD &amp; SPINE INSTITUTE OF TEXAS, LL</b> <b>PO BOX 731767</b> <b>DALLAS, TX 75373</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>2543</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,950.00</b>
3.210	<b>Nonpriority creditor's name and mailing address</b> <b>HEALTHMARK GROUP</b> <b>325 N SAINT PAUL STE 1650</b> <b>DALLAS, TX 75201</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>5187</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$129.48</b>
3.211	<b>Nonpriority creditor's name and mailing address</b> <b>HEATHER SWIMM</b> <b>2606 CEDAR ELM LANE</b> <b>GARLAND, TX 75043</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4290</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$95.69</b>
3.212	<b>Nonpriority creditor's name and mailing address</b> <b>HEMOSTATIX MEDICAL</b> <b>8400 WOLF LAKE DRIVE #109</b> <b>BARTLETT, TN 38133</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>1619</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$686.14</b>
3.213	<b>Nonpriority creditor's name and mailing address</b> <b>HIRED HANDS INC</b> <b>PO BOX 55275</b> <b>HUST, TX 76054</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4609</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,784.50</b>

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3.214	<b>Nonpriority creditor's name and mailing address</b> <b>HOLOGIC INC</b> <b>24506 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1245</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>382</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,784.79</b>
3.215	<b>Nonpriority creditor's name and mailing address</b> <b>HUDSON ENERGY SERVICES LLC</b> <b>PO BOX 142109</b> <b>IRVING, TX 75014</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5199</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50,951.96</b>
3.216	<b>Nonpriority creditor's name and mailing address</b> <b>HUMANA MILITARY</b> <b>PO BOX 7397</b> <b>MADISON, WI 53707-7937</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5027</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,330.25</b>
3.217	<b>Nonpriority creditor's name and mailing address</b> <b>HYDROCISION</b> <b>267 BOSTON ROAD STE 28</b> <b>NORTH BILLERICA, MA 01862</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>823</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,290.00</b>
3.218	<b>Nonpriority creditor's name and mailing address</b> <b>I.T.S. USA</b> <b>1778 PARK AVENUE, NORTH SUITE 200</b> <b>MAITLAND, FL 32751</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>870</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,970.00</b>
3.219	<b>Nonpriority creditor's name and mailing address</b> <b>ICU MEDICAL SALES</b> <b>PO BOX 848908</b> <b>LOS ANGELES, CA 90084-8908</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>209</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,365.58</b>
3.220	<b>Nonpriority creditor's name and mailing address</b> <b>IMP INNOVATIVE MEDICAL PRODUCTS,</b> <b>87 SPRING LANE PO BOX 8028</b> <b>PLAINVILLE, CT 06062</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1199</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$690.00</b>



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3.221	<b>Nonpriority creditor's name and mailing address</b> <b>IMPLANTCAST AMERICA LLC</b> <b>13465 MIDWAY ROAD SUITE 310</b> <b>DALLAS, TX 75244</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4907</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$28,500.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.222	<b>Nonpriority creditor's name and mailing address</b> <b>IN2BONES USA</b> <b>6000 POPILAR AVE SUITE 115</b> <b>MEMPHIS, TN 38119</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3501</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$2,595.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.223	<b>Nonpriority creditor's name and mailing address</b> <b>INDEMAND INTERPRETING</b> <b>555 ANDOVER PARK W SUITE 201</b> <b>TUKWILA, WA 98188</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5189</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$1,998.02</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.224	<b>Nonpriority creditor's name and mailing address</b> <b>INHUNG SONG</b> <b>1501 RAHLING ROAD</b> <b>LITTLE ROCK, AR 72223</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3905</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$1,500.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.225	<b>Nonpriority creditor's name and mailing address</b> <b>INNOVATION NEUROMONITORING</b> <b>5000 ELDORADO PKWY STE 150-327</b> <b>FRISCO, TX 75033</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4903</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$7,000.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.226	<b>Nonpriority creditor's name and mailing address</b> <b>INSIGHT INVESTMENTS LLC</b> <b>260 N. CHARLES LINBERGH DR ATTN:</b> <b>INSIGHT</b> <b>SALT LAKE CITY, UT 84116</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4884</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$38,600.27</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.227	<b>Nonpriority creditor's name and mailing address</b> <b>Insight Investments, LLC</b> <b>c/o Christopher M. Czaja, Exec. VP</b> <b>611 Anton Boulevard, Suite 700</b> <b>Costa Mesa, CA 92626</b> Date(s) debt was incurred <u>12/11/2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>Unknown</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Master Lease Agreement No. 9052</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.228	<b>Nonpriority creditor's name and mailing address</b> <b>INSPERITY EMPLOYMENT SCREENING, LLC</b> <b>PO BOX 841585</b> <b>DALLAS, TX 75284-1585</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1906</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$507.36</b>
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3.229	<b>Nonpriority creditor's name and mailing address</b> <b>INTEGRA LIFE SCIENCES CORP</b> <b>PO BOX 404129</b> <b>ATLANTA, GA 30384-4129</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2474</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,528.43</b>
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3.230	<b>Nonpriority creditor's name and mailing address</b> <b>INTEGRA LIFE SCIENCES CORP.</b> <b>PO BOX 404129</b> <b>ATLANTA, GA 30384-4129</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>876</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36,521.36</b>
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3.231	<b>Nonpriority creditor's name and mailing address</b> <b>INTEGRATED ULTRASOUND</b> <b>CONSULTANTS,</b> <b>PO BOX 34811</b> <b>FORTH WORTH, TX 76162</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4817</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,775.00</b>
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3.232	<b>Nonpriority creditor's name and mailing address</b> <b>INTERFACE PEOPLE LP</b> <b>2274 ROCKBROOK DR</b> <b>LEWISVILLE, TX 75067</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3773</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,288.33</b>
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3.233	<b>Nonpriority creditor's name and mailing address</b> <b>INTERSECT ENT</b> <b>1555 ADAM DRIVE</b> <b>MENLO PARK, CA 94025</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2211</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,450.00</b>
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3.234	<b>Nonpriority creditor's name and mailing address</b> <b>INVUITY, INC</b> <b>DEPT CH 19705</b> <b>PALATINE, IL 60055-9705</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3929</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,396.05</b>
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3.235	<b>Nonpriority creditor's name and mailing address</b> <b>IPS ADVISORS</b> <b>10000 N CENTRAL EXPWY STE 1100</b> <b>DALLAS, TX 75231-2313</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2587</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,500.00</b>
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3.236	<b>Nonpriority creditor's name and mailing address</b> <b>IRMA MUNOZ</b> <b>1829 AVENUE E</b> <b>GRAND PRAIRIE, TX 75051</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3796</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$47.35</b>
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3.237	<b>Nonpriority creditor's name and mailing address</b> <b>IRMA PEREZ</b> <b>5383 SOUTHERN BLVD APT 237</b> <b>DALLAS, TX 75240</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4079</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$118.54</b>
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3.238	<b>Nonpriority creditor's name and mailing address</b> <b>JAMES WILSON</b> <b>3402 UNIVERSITY DR</b> <b>ROWLETT, TX 75088</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5208</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,105.25</b>
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3.239	<b>Nonpriority creditor's name and mailing address</b> <b>JAMIE JENNINGS</b> <b>340 PARK BROOK DRIVE</b> <b>DALLAS, TX 75218</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3605</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$69.63</b>
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3.240	<b>Nonpriority creditor's name and mailing address</b> <b>JANEY BOSWOOD</b> <b>10951 STONE CANYON</b> <b>DALLAS, TX 75230</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3625</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$298.86</b>
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3.241	<b>Nonpriority creditor's name and mailing address</b> <b>JANI KING</b> <b>4535 SUNBELT DRIVE</b> <b>ADDISON, TX 75001</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>299</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,986.29</b>
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3.242	<b>Nonpriority creditor's name and mailing address</b> <b>JILL STOLL</b> <b>1409 S LAMAR ST #956</b> <b>DALLAS, TX 75125</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3560</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$63.79</b>
3.243	<b>Nonpriority creditor's name and mailing address</b> <b>JODY BLAYLOCK</b> <b>6204 GETTYSBURG DR</b> <b>ARLINGTON, TX 76002</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3445</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$903.56</b>
3.244	<b>Nonpriority creditor's name and mailing address</b> <b>JOHN SANDERS</b> <b>515 AVENUE G</b> <b>DALLAS, TX 75203</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3850</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50.00</b>
3.245	<b>Nonpriority creditor's name and mailing address</b> <b>JOHNSON &amp; JOHNSON HEALTHCARE</b> <b>5972 COLLECTINS SIR</b> <b>CHICAGO, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>108</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,315.16</b>
3.246	<b>Nonpriority creditor's name and mailing address</b> <b>JOHNSON &amp; ROUNDTREE</b> <b>PO BOX 2625</b> <b>DEL MAR, CA 92014-2625</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4878</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$259.89</b>
3.247	<b>Nonpriority creditor's name and mailing address</b> <b>JOHNSON &amp; ROUNDTREE</b> <b>PO BOX 301599</b> <b>DALLAS, TX 75303</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3155</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$259.89</b>
3.248	<b>Nonpriority creditor's name and mailing address</b> <b>JOHNSON &amp; ROUNDTREE</b> <b>LBOX #1007 PO BOX 4829</b> <b>HOUSTON, TX 77210</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1407</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$492.53</b>

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3.249	<b>Nonpriority creditor's name and mailing address</b> <b>JOIMAX, INC</b> <b>14 GOODYEAR SUITE 145</b> <b>IRVING, CA 92618-3759</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1598</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$716.10</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.250	<b>Nonpriority creditor's name and mailing address</b> <b>JOINT RESTORATION FOUNDATION</b> <b>JFR ORTHO 6746 S REVERE PKW STE</b> <b>B-125</b> <b>CENTENNIAL, CO 80112</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2975</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$10,846.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.251	<b>Nonpriority creditor's name and mailing address</b> <b>JORDAN MOORE</b> <b>2707 COLE AVE #210</b> <b>DALLAS, TX 75201</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3301</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$121.90</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.252	<b>Nonpriority creditor's name and mailing address</b> <b>JOSE DUQUE</b> <b>3104 W NORTHGATE DRIVE #1030</b> <b>IRVING, TX 75062</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3684</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$202.18</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.253	<b>Nonpriority creditor's name and mailing address</b> <b>JOSEPH VIROSLAV, MD</b> <b>10100 N CENTRAL EXPWY SUITE 560</b> <b>DALLAS, TX 75321</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>364</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$300.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.254	<b>Nonpriority creditor's name and mailing address</b> <b>JUAN CARRASCO-OROZCO</b> <b>1628 ROSSON ROAD</b> <b>LITTLE ELM, TX 75068</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3549</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$50.58</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.255	<b>Nonpriority creditor's name and mailing address</b> <b>JUSTIN PERRY</b> <b>6467 MELODY LN APT 2059</b> <b>DALLAS, TX 75231</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3428</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$857.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.256	<b>Nonpriority creditor's name and mailing address</b> <b>K2 Capital Group LLC</b> <b>6500 City West Parkway, Suite 401</b> <b>Eden Prairie, MN 55344</b> Date(s) debt was incurred <u>03/15/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Equipment lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.257	<b>Nonpriority creditor's name and mailing address</b> <b>KARL STORZ ENDOSCOPY-AMERICA, INC.</b> <b>2151 E GRAND AVE</b> <b>EL SEGUNDO, CA 90245</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>538</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,359.90</b>
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3.258	<b>Nonpriority creditor's name and mailing address</b> <b>KCI USA Inc.</b> <b>PO BOX 301557</b> <b>DALLAS, TX 75303-1557</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>389</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,270.17</b>
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3.259	<b>Nonpriority creditor's name and mailing address</b> <b>Key Equipment Finance,</b> <b>a Division of Keybank National Assoc.</b> <b>1000 S. McCaslin Blvd.</b> <b>Louisville, CO 80027</b> Date(s) debt was incurred <u>01/14/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Equipment lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.260	<b>Nonpriority creditor's name and mailing address</b> <b>KEY SURGICAL</b> <b>PO BOX 74809</b> <b>CHICAGO, IL 60694-4809</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>112</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$256.09</b>
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3.261	<b>Nonpriority creditor's name and mailing address</b> <b>KIMBERLY BENGTON</b> <b>2502 LIVE OAK ST #327</b> <b>DALLAS, TX 75204</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>3449</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$249.76</b>
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3.262	<b>Nonpriority creditor's name and mailing address</b> <b>KRISTI TROPP</b> <b>1510 WINTERBROOK CT</b> <b>ALLEN, TX 75002</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>3332</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$220.51</b>
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3.263	<b>Nonpriority creditor's name and mailing address</b> <b>KRISTY HENDRICKS</b> <b>227 COLD DRIVE</b> <b>WAXAHACHIE, TX 75165</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3626</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12.00</b>
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3.264	<b>Nonpriority creditor's name and mailing address</b> <b>LABCORP</b> <b>PO BOX 12140</b> <b>BURLINGTON, NC 27216</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>304</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,994.35</b>
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3.265	<b>Nonpriority creditor's name and mailing address</b> <b>LANAIR GROUP LLC</b> <b>620 N BRAND BLVD 6TH FLOOR</b> <b>GLENDALE, CA 91203</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4608</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,921.97</b>
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3.266	<b>Nonpriority creditor's name and mailing address</b> <b>LARRY MACY</b> <b>134 OAK BRANCH TRAIL</b> <b>WAXAHACHIE, TX 75167</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4071</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
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3.267	<b>Nonpriority creditor's name and mailing address</b> <b>LARRY ONEAL</b> <b>502 FREEMAN ST</b> <b>MESQUITE, TX 75149</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2825</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$804.00</b>
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3.268	<b>Nonpriority creditor's name and mailing address</b> <b>LCA Bank Corporation</b> <b>1375 Deer Valley Drive, Suite 218</b> <b>Park City, UT 84060</b> Date(s) debt was incurred <u>02/02/2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Equipment lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.269	<b>Nonpriority creditor's name and mailing address</b> <b>LEBANON HOLDINGS LLC</b> <b>6988 LEBANON ROAD STE 102</b> <b>FRISCO, TX 75034</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1460</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$39,782.25</b>
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3.270	<b>Nonpriority creditor's name and mailing address</b> <b>LIFE NET HEALTH</b> <b>PO BOX 79636</b> <b>BALTIMORE, MD 21279-0636</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2475</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$34,535.00</b>
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3.271	<b>Nonpriority creditor's name and mailing address</b> <b>LILLIAN OCHS</b> <b>4111 BROOKPORT DRIVE</b> <b>GRAND PRAIRIE, TX 75229</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2632</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35.11</b>
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3.272	<b>Nonpriority creditor's name and mailing address</b> <b>LIMA, USA, INC.</b> <b>2001 NORTH GREEN OAKS BLVD SUITE 100</b> <b>ARLINGTON, TX 76006</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2128</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,000.00</b>
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3.273	<b>Nonpriority creditor's name and mailing address</b> <b>LINDA FENNELL</b> <b>1320 COLUMBINE CT</b> <b>ARLINGTON, TX 76013</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4764</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18.64</b>
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3.274	<b>Nonpriority creditor's name and mailing address</b> <b>LIQUIDAGENTS HEALTHCARE, LLC</b> <b>PO BOX 206831</b> <b>DALLAS, TX 75320-6831</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1945</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,413.25</b>
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3.275	<b>Nonpriority creditor's name and mailing address</b> <b>LONDON HOOKER</b> <b>650 LEORA LN APT 1717</b> <b>THE COLONY, TX 75056</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4261</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38.39</b>
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3.276	<b>Nonpriority creditor's name and mailing address</b> <b>LONE STAR COMMUNICATIONS, INC</b> <b>1414 POST&amp;PADDOCK SUITE 200</b> <b>GRAND PRARIE, TX 75050</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>235</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$824.81</b>
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3.277	<b>Nonpriority creditor's name and mailing address</b> <b>LUMIN MEDICAL</b> <b>9809 S. FRANKLIN DR SUITE 301</b> <b>FRANKLIN, WI 53132</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3352</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,050.00</b>
3.278	<b>Nonpriority creditor's name and mailing address</b> <b>LUZ GONZALEZ</b> <b>409 GRAYWOOD CT</b> <b>COPPELL, TX 75109</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4152</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$178.13</b>
3.279	<b>Nonpriority creditor's name and mailing address</b> <b>LYNNE ARMSTRONG</b> <b>501 W SHORE DR</b> <b>RICHARDSON, TX 75080</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3443</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$92.45</b>
3.280	<b>Nonpriority creditor's name and mailing address</b> <b>MABLE JONES</b> <b>1022 SUFFOLK LANE</b> <b>CEDAR HILL, TX 75104</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4584</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$57.74</b>
3.281	<b>Nonpriority creditor's name and mailing address</b> <b>MAINE STANDARDS</b> <b>221 US ROUTE 1</b> <b>CUMBERLAND FORESIDE, ME 04110</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4222</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,044.00</b>
3.282	<b>Nonpriority creditor's name and mailing address</b> <b>MARILYN SALVADOR</b> <b>1602 JOHN SMITH DRIVE</b> <b>FORTH WORTH, TX 76114</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3875</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30.23</b>
3.283	<b>Nonpriority creditor's name and mailing address</b> <b>MARJORIE MARTIN</b> <b>1432 GRAND TETON DR</b> <b>DALLAS, TX 75115</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4050</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$500.00</b>

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Name

Case number (if known)

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3.284	<b>Nonpriority creditor's name and mailing address</b> <b>MARK HAWKINS</b> <b>806 W MAIN ST</b> <b>MARLOW, OK 73055</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3413</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.00</b>
3.285	<b>Nonpriority creditor's name and mailing address</b> <b>MARK MURPHY</b> <b>3033 BARDIN ROAD #201</b> <b>GRAND PRAIRIE, TX 75052</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3857</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$738.14</b>
3.286	<b>Nonpriority creditor's name and mailing address</b> <b>MARK YEATTS</b> <b>1308 CATES STREET</b> <b>BRIDGPORT, TX 76426</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3867</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$178.53</b>
3.287	<b>Nonpriority creditor's name and mailing address</b> <b>MARKETLAB, INC</b> <b>DEPT 2506 PO BOX 11407</b> <b>BIRMINGHAM, AL 35246-2506</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1141</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,321.36</b>
3.288	<b>Nonpriority creditor's name and mailing address</b> <b>MARTHA MADRIGAL</b> <b>5032 BRITTON RIDGE LANE</b> <b>FORTH WORTH, TX 76179</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3338</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$312.80</b>
3.289	<b>Nonpriority creditor's name and mailing address</b> <b>MARY CARROL</b> <b>1206 GLENWICK LANE</b> <b>IRVING, TX 75060</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3843</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$280.00</b>
3.290	<b>Nonpriority creditor's name and mailing address</b> <b>MCCONNELL ORTHOPEDIC MFG.</b> <b>PO BOX 8306</b> <b>GREENVILLE, TX 75404</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>718</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,337.38</b>

Debtor	<b>Pine Creek Medical Center, LLC</b> Name	Case number (if known)	19-33079-11
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3.291	<b>Nonpriority creditor's name and mailing address</b> <b>McKesson MEDICAL SURGICAL</b> <b>PO BOX 933027</b> <b>ATLANTA, GA 31193-3027</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1501</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,889.05</b>
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3.292	<b>Nonpriority creditor's name and mailing address</b> <b>Med One Capital Funding - Texas L.P.</b> <b>10712 S. 1300 East</b> <b>Sandy, UT 84094</b> Date(s) debt was incurred <u>Various</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Equipment leases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.293	<b>Nonpriority creditor's name and mailing address</b> <b>Med One Capital Funding, LLC</b> <b>10712 S. 1300 East</b> <b>Sandy, UT 84094</b> Date(s) debt was incurred <u>Various</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Equipment leases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.294	<b>Nonpriority creditor's name and mailing address</b> <b>MED SHOP TOTAL CARE PHARMACY INC.</b> <b>470 E LOOP 281</b> <b>LONGVIEW, TX 75605</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>418</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,560.00</b>
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3.295	<b>Nonpriority creditor's name and mailing address</b> <b>MEDACTA USA</b> <b>PO BOX 848515</b> <b>LOS ANGELES, CA 90084-8515</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2678</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,000.00</b>
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3.296	<b>Nonpriority creditor's name and mailing address</b> <b>MEDADVANTAGE- ADVANTUM HEALTH</b> <b>500 WEST JEFFERSON STREET SUITE 2310</b> <b>LOUISVILLE, KY 40202</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1708</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,022.00</b>
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3.297	<b>Nonpriority creditor's name and mailing address</b> <b>MEDICAL DISCS</b> <b>4775 MOUNT DURBAN DRIVE</b> <b>SAN DIEGO, CA 92117</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3261</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$132.73</b>
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Debtor	<b>Pine Creek Medical Center, LLC</b> Name	Case number (if known)	19-33079-11
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3.298	<b>Nonpriority creditor's name and mailing address</b> <b>MEDICAL MANAGEMENT SOLUTION, LLC</b> <b>PO BOX 25232</b> <b>DALLAS, TX 75225</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>3497</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$555,942.65</b>
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3.299	<b>Nonpriority creditor's name and mailing address</b> <b>Medical Management Solutions, LLC</b> <b>408 Black Castle Drive</b> <b>The Colony, TX 75056</b> Date(s) debt was incurred <u>05/06/2019</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Consumer Debt lawsuit (DC-19-06452)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$800,000.00</b>
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3.300	<b>Nonpriority creditor's name and mailing address</b> <b>MEDICAL PRODUCTS RESOURCE</b> <b>917 LONE OAK ROAD SUITE 1000</b> <b>EAGAN, MN 55121-2266</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>1375</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,405.00</b>
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3.301	<b>Nonpriority creditor's name and mailing address</b> <b>MEDISOLV</b> <b>10440 LITTLE PATUXENT PARKWAY SUTE 1000</b> <b>COLUMBIA, MD 21044</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>2742</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$33,882.25</b>
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3.302	<b>Nonpriority creditor's name and mailing address</b> <b>MEDLINE INDUSTRIES, INC</b> <b>DEPT 1080 PO BOX 121080</b> <b>DALLAS, TX 75312-1080</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>238</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,192.54</b>
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3.303	<b>Nonpriority creditor's name and mailing address</b> <b>MEDSTAR HOLDINGS, LLC</b> <b>2300 W MCDERMOTT STE 200-199</b> <b>PLANO, TX 75025</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>1009</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$531.00</b>
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3.304	<b>Nonpriority creditor's name and mailing address</b> <b>MEDTRONIC</b> <b>PO BOX 848086</b> <b>DALLAS, TX 75284-8086</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>722</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$541.25</b>
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Debtor	<b>Pine Creek Medical Center, LLC</b> Name	Case number (if known)	19-33079-11
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3.305	<b>Nonpriority creditor's name and mailing address</b> <b>MEDTRONIC (AQUAMANTIS)</b> <b>PO BOX 848086</b> <b>DALLAS, TX 75284-8086</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>780</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,038.65</b>
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3.306	<b>Nonpriority creditor's name and mailing address</b> <b>MEDTRONIC CARDIO-VASCULAR SERVICE</b> <b>7611 NORTHLAND DRIVE NORT</b> <b>BROOKLYN PARK, MN 55428</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2591</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,095.31</b>
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3.307	<b>Nonpriority creditor's name and mailing address</b> <b>MEDTRONIC SPINE</b> <b>PO BOX 848086</b> <b>DALLAS, TX 75284-8086</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>430</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,096.01</b>
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3.308	<b>Nonpriority creditor's name and mailing address</b> <b>MEDTRONIC USA</b> <b>PO BOX 848086</b> <b>DALLAS, TX 75284-8086</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1299</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$67,429.56</b>
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3.309	<b>Nonpriority creditor's name and mailing address</b> <b>MEDTRONIC USA INC (PAIN &amp; PACEMKR)</b> <b>PO BOX 848086</b> <b>DALLAS, TX 75284-8086</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>735</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$332,377.77</b>
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3.310	<b>Nonpriority creditor's name and mailing address</b> <b>MEDUSA GROUP</b> <b>DOMINON PLAZA 17304 PRESTON ROAD</b> <b>SUITE 8</b> <b>DALLAS, TX 75252</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2560</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,954.90</b>
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3.311	<b>Nonpriority creditor's name and mailing address</b> <b>MedUSA Group, LLC</b> <b>c/o William McLaughlin</b> <b>1565 N. Central Expwy., Suite 200</b> <b>Richardson, TX 75080</b> Date(s) debt was incurred <u>04/24/2019</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Consumer Debt lawsuit (DC-19-05856)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$33,275.90</b>
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Debtor	<b>Pine Creek Medical Center, LLC</b> Name	Case number (if known)	19-33079-11
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3.312	<b>Nonpriority creditor's name and mailing address</b> <b>MENTOR WORLDWIDE LLC</b> <b>15600 COLLECTIONS CENTER DRIVE</b> <b>CHICAGO, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1885</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,487.93</b>
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3.313	<b>Nonpriority creditor's name and mailing address</b> <b>MERGE HEALTHCARE</b> <b>PO BOX 205824</b> <b>DALLAS, TX 75320-5824</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>217</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,439.35</b>
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3.314	<b>Nonpriority creditor's name and mailing address</b> <b>MERRY X-RAY CORPORATION</b> <b>4909 MURPHY CANYON RD SUITE 120</b> <b>SAN DIEGO, CA 92123</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>239</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,104.23</b>
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3.315	<b>Nonpriority creditor's name and mailing address</b> <b>MICHAEL BARBER</b> <b>PO BOX 2424</b> <b>DESOTO, TX 75123</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3434</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$507.60</b>
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3.316	<b>Nonpriority creditor's name and mailing address</b> <b>Michelle Bland</b> <b>6837 Roberts Lane</b> <b>Fort Worth, TX 76140</b> Date(s) debt was incurred <u>12/05/2017</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Malpractice lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.317	<b>Nonpriority creditor's name and mailing address</b> <b>MICROAIRE SURGICAL INSTRUMENTS, LLC</b> <b>LOCKBOX 9656</b> <b>CHICAGO, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>123</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,525.83</b>
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3.318	<b>Nonpriority creditor's name and mailing address</b> <b>MICROPORT ORTHOPEDICS</b> <b>PO BOX 842005</b> <b>DALLAS, TX 75248-2005</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2618</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,353.63</b>
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Debtor	<b>Pine Creek Medical Center, LLC</b> Name	Case number (if known)	19-33079-11
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3.319	<b>Nonpriority creditor's name and mailing address</b> <b>MIDAMERICAN ENERGY SERVICES,</b> <b>PO BOX 8019</b> <b>DANVENPORT, IA 52808-8019</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2175</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,090.49</b>
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3.320	<b>Nonpriority creditor's name and mailing address</b> <b>MIKE PAUP</b> <b>624 BROWING DR</b> <b>ARLINGTON, TX 76010</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3322</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$200.00</b>
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3.321	<b>Nonpriority creditor's name and mailing address</b> <b>MIRION TECHNOLOGIES (GDS) INC</b> <b>PO BOX 101301</b> <b>PASADENA, CA 91189-0005</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1557</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$351.90</b>
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3.322	<b>Nonpriority creditor's name and mailing address</b> <b>MIZUHO OSI</b> <b>DEPT CH 16977</b> <b>PALATINE, IL 60055-6977</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>131</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$72.00</b>
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3.323	<b>Nonpriority creditor's name and mailing address</b> <b>MOBILE MINI I, INC.</b> <b>PO BOX 650882</b> <b>DALLAS, TX 75265-0882</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>608</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,094.67</b>
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3.324	<b>Nonpriority creditor's name and mailing address</b> <b>MOBILE SURGICAL TECHNOLOGIES</b> <b>17817 DAVENPORT STE 315</b> <b>DALLAS, TX 75252-5871</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1469</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,443.89</b>
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3.325	<b>Nonpriority creditor's name and mailing address</b> <b>MODERN BIOMEDICAL SERVICES, INC.</b> <b>PO BOX 676165</b> <b>DALLAS, TX 75267-6165</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3836</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,720.22</b>
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Debtor **Pine Creek Medical Center, LLC**  
NameCase number (if known) **19-33079-11**

3.326	<b>Nonpriority creditor's name and mailing address</b> <b>MONTEREY ROCHESTER</b> <b>6825 LARMANDA ST 135</b> <b>DALLAS, TX 75231</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>2112</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$381.45</b>
3.327	<b>Nonpriority creditor's name and mailing address</b> <b>MORRISON HEALTHCARE</b> <b>PO BOX 102289</b> <b>ATLANTA, GA 30368-2289</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>356</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$136,218.40</b>
3.328	<b>Nonpriority creditor's name and mailing address</b> <b>MRS ORTHO LLC</b> <b>6367 MCCOMMAS BLVD</b> <b>DALLAS, TX 75214</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4166</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,640.23</b>
3.329	<b>Nonpriority creditor's name and mailing address</b> <b>MUSCULOSKELETAL TRANSPLANT</b> <b>FOUDATN</b> <b>125 MAY STREET</b> <b>EDISON, NJ 08837</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>695</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$123,650.79</b>
3.330	<b>Nonpriority creditor's name and mailing address</b> <b>MUTUAL OF OMAHA</b> <b>14131 MIDWAY RD STE 1010</b> <b>ADDISON, TX 75001</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4013</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,464.37</b>
3.331	<b>Nonpriority creditor's name and mailing address</b> <b>MYRNA GODIER</b> <b>1106 DEER RIDGE</b> <b>DUNCANVILLE, TX 75137</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>3801</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$314.07</b>
3.332	<b>Nonpriority creditor's name and mailing address</b> <b>MYRON DARBEY</b> <b>113 WHITEWATER TRAIL</b> <b>DESOTO, TX 75115</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4587</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30.00</b>



Debtor Name	Case number (if known)	
<b>Pine Creek Medical Center, LLC</b>	19-33079-11	
<b>3.333</b> Nonpriority creditor's name and mailing address <b>NATIONAL BILLING PARTNERS</b> <b>PO BOX 202530</b> <b>AUSTIN, TX 78720-2530</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5096</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$86,239.69</b>
<b>3.334</b> Nonpriority creditor's name and mailing address <b>National Billing Partners, LLC</b> <b>c/o Nancy Moore</b> <b>4515 Seton Center Parkway, Suite 240</b> <b>Austin, TX 78759</b> Date(s) debt was incurred <u>10/01/2018</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.335</b> Nonpriority creditor's name and mailing address <b>NATIONAL NEUROMONITORING-DFW</b> <b>1141 N LOOP 1604 E #105-612</b> <b>SAN ANTONIO, TX 78232</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2302</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,400.00</b>
<b>3.336</b> Nonpriority creditor's name and mailing address <b>NATUS MEDICAL, INC.</b> <b>PO BOX 3604</b> <b>CARL STREAM, IL 60132-3604</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>126</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,388.87</b>
<b>3.337</b> Nonpriority creditor's name and mailing address <b>NAVIN, HAFFTY &amp; ASSOCIATES</b> <b>1900 WEST PARK DR SUITE 180</b> <b>WESTBROUGH, MA 01581</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>656</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$66,110.79</b>
<b>3.338</b> Nonpriority creditor's name and mailing address <b>NEUROPHYSIOLOGY ASSOCIATES, LLC</b> <b>PO BOX 6766</b> <b>ATHENS, GA 30604-6766</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2537</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$375.00</b>
<b>3.339</b> Nonpriority creditor's name and mailing address <b>NEVRO CORP.</b> <b>1800 BRIDGE PKWY</b> <b>REDWOOD CITY, CA 94065</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4201</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$63,011.50</b>

Debtor	<b>Pine Creek Medical Center, LLC</b> Name	Case number (if known)	19-33079-11
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3.340	<b>Nonpriority creditor's name and mailing address</b> <b>NEW PIG CORPORATION</b> <b>ONE PORK AVE</b> <b>TIPTON, PA 16684</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>709</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,962.48</b>
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3.341	<b>Nonpriority creditor's name and mailing address</b> <b>NOBILIS HEALTH</b> <b>8080 PARK LANE SUITE 400</b> <b>DALLAS, TX 75231</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3955</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,111,345.17</b>
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3.342	<b>Nonpriority creditor's name and mailing address</b> <b>NUVASIVE CLINICAL SERVICES</b> <b>PO BOX 50678</b> <b>LOS ANGELES, CA 90074-0678</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2418</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$55,745.30</b>
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3.343	<b>Nonpriority creditor's name and mailing address</b> <b>NUVECTRA CORPORATION</b> <b>PO BOX 123565</b> <b>DALLAS, TX 75312</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4437</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$39,807.29</b>
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3.344	<b>Nonpriority creditor's name and mailing address</b> <b>OFFICE OF THE SECRETARY OF STATE</b> <b>PO BOX 13697</b> <b>AUSTIN, TX 78711-3697</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>601</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15.00</b>
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3.345	<b>Nonpriority creditor's name and mailing address</b> <b>OLYMPUS AMERICA INC</b> <b>DEPT 0600 PO BOX 120600</b> <b>DALLAS, TX 75312-0600</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>753</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$55,778.05</b>
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3.346	<b>Nonpriority creditor's name and mailing address</b> <b>Olympus America Inc.</b> <b>c/o John D. Parson, Vice President FS</b> <b>3500 Corporate Parkway</b> <b>Center Valley, PA 18034</b> Date(s) debt was incurred <u>07/11/2018</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Master Lease Agreement #0008922</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor	Name	Case number (if known)	
	<b>Pine Creek Medical Center, LLC</b>		19-33079-11
3.347	<b>Nonpriority creditor's name and mailing address</b> <b>OMNICELL INC</b> <b>PO BOX 204650</b> <b>DALLAS, TX 75320-4650</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>532</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$176,047.14</b>
3.348	<b>Nonpriority creditor's name and mailing address</b> <b>ONX USA LLC</b> <b>5900 LANDBROOK DR SUITE 100</b> <b>MAYFIELD HEIGHTS, OH 44124</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5141</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$49,723.18</b>
3.349	<b>Nonpriority creditor's name and mailing address</b> <b>Optumhealth Bank, Inc.</b> <b>2525 Lake Park Blvd.</b> <b>Salt Lake City, UT 84120</b> Date(s) debt was incurred <u>06/14/2011; 07/26/2012</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Equipment leases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.350	<b>Nonpriority creditor's name and mailing address</b> <b>ORASURE TECHNOLOGIES, INC.</b> <b>PO BOX 780518</b> <b>PHILADELPHIA, PA 19178-0518</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1240</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$361.71</b>
3.351	<b>Nonpriority creditor's name and mailing address</b> <b>ORTHALIGN, INC.</b> <b>120 COLUMBIA SUITE 500</b> <b>ALISO VIEJO, CA 92679</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5110</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,930.66</b>
3.352	<b>Nonpriority creditor's name and mailing address</b> <b>OSTEOMED CORP</b> <b>2241 COLLECTION CENTER DR</b> <b>CHICAGO, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>133</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,208.70</b>
3.353	<b>Nonpriority creditor's name and mailing address</b> <b>PALM HARBOR MEDICAL, INC.</b> <b>3015 RIDGELINE BLVD BUILDING A</b> <b>TRAPON SPRINGS, FL 34688</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2068</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$62,793.44</b>

Debtor	<b>Pine Creek Medical Center, LLC</b> Name	Case number (if known)	19-33079-11
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3.354	<b>Nonpriority creditor's name and mailing address</b> <b>PARADIGM BIO DEVICES</b> <b>PO BOX 518</b> <b>NORWALL, MA 02061</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>880</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,725.00</b>
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3.355	<b>Nonpriority creditor's name and mailing address</b> <b>PARAGON28</b> <b>4B INVERNESS COURT EAST SUITE 280</b> <b>ENGLEWOOD, CA 80112</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2712</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,598.00</b>
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3.356	<b>Nonpriority creditor's name and mailing address</b> <b>PARK AVENUE CAPITAL LLC</b> <b>220 FLETCHER AVE STE 506</b> <b>FORT LEE, NJ 07024-5063</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2754</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,852.00</b>
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3.357	<b>Nonpriority creditor's name and mailing address</b> <b>PARTNERS SURGICAL OF PINE CREEK</b> <b>220 POST OAK BLVD SUITE 1525</b> <b>HOUSTON, TX 77056</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4872</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,969,346.91</b>
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3.358	<b>Nonpriority creditor's name and mailing address</b> <b>PARTS SOURCE, INC.</b> <b>PO BOX 645186</b> <b>CINCINNATI, OH 45264-5186</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3979</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,318.56</b>
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3.359	<b>Nonpriority creditor's name and mailing address</b> <b>PATIENTCO HOLDINGS, INC.</b> <b>3333 PIEDMOND RD NE SUITE 600</b> <b>ATLANTA, GA 30305</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4896</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,481.25</b>
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3.360	<b>Nonpriority creditor's name and mailing address</b> <b>PATSY TIMBS</b> <b>3104 WALNUT HILL</b> <b>DALLAS, TX 75229</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3406</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
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Debtor	<b>Pine Creek Medical Center, LLC</b> Name	Case number (if known)	19-33079-11
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3.361	<b>Nonpriority creditor's name and mailing address</b> <b>PAULINE TAMEZ</b> <b>1909 SURREY CIRCLE</b> <b>GRAND PRAIRIE, TX 75050</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3962</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29.59</b>
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3.362	<b>Nonpriority creditor's name and mailing address</b> <b>Peak, LLC, as Representative</b> <b>170 West Shirley Avenue, Suite 207</b> <b>Warrenton, VA 20186</b> Date(s) debt was incurred <u>03/31/2017</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Equipment lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.363	<b>Nonpriority creditor's name and mailing address</b> <b>PEOPLE 2.0 GLOBAL LP</b> <b>PO BOX 536853</b> <b>ATLANTA, GA 30353-6853</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1560</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,160.50</b>
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3.364	<b>Nonpriority creditor's name and mailing address</b> <b>PHILIPS HEALTHCARE</b> <b>PO BOX 100355</b> <b>ATLANTA, GA 30384-0355</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>912</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,064.44</b>
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3.365	<b>Nonpriority creditor's name and mailing address</b> <b>PHYSICIAN SYNERGY GROUP, LLC</b> <b>5605 N MacArthur Blvd, Suite 310</b> <b>Irving, TX 75038</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1071</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$183,870.91</b>
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3.366	<b>Nonpriority creditor's name and mailing address</b> <b>PINE CREEK SPV, LLC</b> <b>9032 Harry Hines Blvd</b> <b>Dallas, TX</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2214</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,320.59</b>
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3.367	<b>Nonpriority creditor's name and mailing address</b> <b>PINNACLE MEDICAL SUPPLY</b> <b>6303 N WICKHAM RD STE 130-388</b> <b>MELBOURNE, FL 32940</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5170</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$280.00</b>
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Debtor	<b>Pine Creek Medical Center, LLC</b> Name	Case number (if known)	19-33079-11
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3.368	<b>Nonpriority creditor's name and mailing address</b> <b>PITNEY BOWES GLOBAL FINANCIAL</b> <b>PO BOX 371877</b> <b>PITTSBURGH, PA 15250-7887</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1021</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$863.79</b>
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3.369	<b>Nonpriority creditor's name and mailing address</b> <b>PMT CORPORATION</b> <b>PO BOX 371887</b> <b>PITTSBURGH, PA 15250-7887</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2029</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,961.00</b>
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3.370	<b>Nonpriority creditor's name and mailing address</b> <b>PNC EQUIPMENT FINANCE LLC</b> <b>PO BOX 51657</b> <b>LOS ANGELES, CA 90051-5957</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1269</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,932.92</b>
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3.371	<b>Nonpriority creditor's name and mailing address</b> <b>PRECISION DYNAMICS CORPORATION,</b> <b>PO BOX 71549</b> <b>CHICAGO, IL 60694-1995</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>168</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$618.61</b>
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3.372	<b>Nonpriority creditor's name and mailing address</b> <b>PRESTONWOOD ANESTHESIA</b> <b>2501 HERBRON PARKWAY SUITE 100C</b> <b>CARROLLTON, TX 75010</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4886</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,000.00</b>
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3.373	<b>Nonpriority creditor's name and mailing address</b> <b>Prime Alliance Bank</b> <b>1868 South 500 West</b> <b>Woods Cross, UT 84087</b> Date(s) debt was incurred <u>Various</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Equipment leases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.374	<b>Nonpriority creditor's name and mailing address</b> <b>PROPATH Lab SERVICES, LLP</b> <b>DEPT 41074 PO BOX 660811</b> <b>DALLAS, TX 75266-0811</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>402</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,038.24</b>
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Debtor	<b>Pine Creek Medical Center, LLC</b> Name	Case number (if known)	19-33079-11
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3.375	<b>Nonpriority creditor's name and mailing address</b> <b>PROVIDENCE MEDICAL TECHNOLOGY, INC.</b> <b>PO BOX 74008711</b> <b>CHICAGO, IL 60674-7400</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2595</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,540.00</b>
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3.376	<b>Nonpriority creditor's name and mailing address</b> <b>PSG-PINE CREEK MANAGEMENT, LLC</b> <b>BBVA Compass Plaza 2200 Post Oak Blvd, S</b> <b>Houston, TX 77056</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>769</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,096,659.45</b>
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3.377	<b>Nonpriority creditor's name and mailing address</b> <b>QUEST DIAGNOSTICS</b> <b>PO BOX 841725</b> <b>DALLAS, TX 75284-1725</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>831</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$575.20</b>
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3.378	<b>Nonpriority creditor's name and mailing address</b> <b>R&amp;D SYSTEMS</b> <b>614 MCKINLEY PLACE NE</b> <b>MINNEAPOLIS, MN 55413</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4428</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$476.62</b>
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3.379	<b>Nonpriority creditor's name and mailing address</b> <b>RACKSPACE</b> <b>PO BOX 730759</b> <b>DALLAS, TX 75373-0759</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>997</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$31.98</b>
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3.380	<b>Nonpriority creditor's name and mailing address</b> <b>RADIOLOGY ASSOCIATES OF</b> <b>816 W CANNON STREET</b> <b>FORTH WORTH, TX 76104</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2004</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$87.00</b>
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3.381	<b>Nonpriority creditor's name and mailing address</b> <b>RADNTX C/O</b> <b>816 W CANNON STREET</b> <b>FORTH WORTH, TX 76104</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4195</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$40.00</b>
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Debtor	Name	Case number (if known)	
	<b>Pine Creek Medical Center, LLC</b>		19-33079-11
3.382	<b>Nonpriority creditor's name and mailing address</b> <b>RAJANIKANTH ERRABELLY</b> <b>1024 SAN JACINTO DR #1627</b> <b>IRVING, TX 75063</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3460</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$83.14</b>
3.383	<b>Nonpriority creditor's name and mailing address</b> <b>RAMON LOPEZ</b> <b>5505 JANET LANE</b> <b>COLLEYVILLE, TX 76034</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3865</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$450.00</b>
3.384	<b>Nonpriority creditor's name and mailing address</b> <b>RAPID ORTHOPEDIC</b> <b>3810 MELCER DR STE 103</b> <b>ROWLETT, TX 75088</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1287</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,555.00</b>
3.385	<b>Nonpriority creditor's name and mailing address</b> <b>REGINA NELSON</b> <b>4791 W LEBETTER DR #1902</b> <b>DALLAS, TX 75236</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3907</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$203.65</b>
3.386	<b>Nonpriority creditor's name and mailing address</b> <b>RELAY HEALTH, INC.</b> <b>PO BOX 98347</b> <b>CHICAGO, IL 60693-8347</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1165</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$697.25</b>
3.387	<b>Nonpriority creditor's name and mailing address</b> <b>RICHARD ALEXANDER, MD</b> <b>306 E. RANDOL MILL ROAD #136</b> <b>ARLINGTON, TX 76011</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4292</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,100.00</b>
3.388	<b>Nonpriority creditor's name and mailing address</b> <b>Ricoh USA, Inc.</b> <b>70 Valley Stream Parkway</b> <b>Malvern, PA 19355</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1495</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>LEASE CONTRACT: 100-3190114-100; LEASE CONTRACT: 200-3171378-100; LEASE CONTRACT: 200-3171387-100; LEASE CONTRACT: 200-3171364-100; LEASE CONTRACT: 200-3171366-100; LEASE CONTRACT: 200-3171385-100; LEASE CONTRACT: 200-3110910-100; LEASE CON</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>



Debtor **Pine Creek Medical Center, LLC**  
NameCase number (if known) **19-33079-11**

3.389	<b>Nonpriority creditor's name and mailing address</b> <b>RICOH USA, INC.</b> <b>PO BOX 660342</b> <b>DALLAS, TX 75266-0342</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>2542</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,263.68</b>
3.390	<b>Nonpriority creditor's name and mailing address</b> <b>ROBERT HALF TECHNOLOGY</b> <b>PO BOX 743295</b> <b>LOS ANGELES, CA 90074-3295</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>2479</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,411.20</b>
3.391	<b>Nonpriority creditor's name and mailing address</b> <b>ROCHE DIAGNOSTICS CORPORATION</b> <b>PO BOX 660367</b> <b>DALLAS, TX 75266-0367</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4277</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,035.64</b>
3.392	<b>Nonpriority creditor's name and mailing address</b> <b>ROGER HAMILTON</b> <b>2025 LAKEPOINTE DRIVE #3F</b> <b>LEWISVILLE, TX 75057</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>3856</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$252.75</b>
3.393	<b>Nonpriority creditor's name and mailing address</b> <b>RONALD PATTERSON</b> <b>316 FOREST GROVE DRIVE</b> <b>RICHARDSON, TX 75083</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>3668</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50.00</b>
3.394	<b>Nonpriority creditor's name and mailing address</b> <b>ROSA GOBEA</b> <b>3315 NW 31ST STREET</b> <b>FORTH WORTH, TX 76106</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>3874</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25.00</b>
3.395	<b>Nonpriority creditor's name and mailing address</b> <b>SAINT CAMILLUS MEDICAL CENTER</b> <b>1612 HURST TOWN CENTER DRIVE</b> <b>HUST, TX 76054</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4397</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,786.44</b>

Debtor **Pine Creek Medical Center, LLC**  
NameCase number (if known) **19-33079-11**

3.396	<b>Nonpriority creditor's name and mailing address</b> <b>SAMANTHA C GARRISON</b> <b>103 W. WHITEWRIGHT ROAD</b> <b>SAVOY, TX 75479</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>3115</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$72.90</b>
3.397	<b>Nonpriority creditor's name and mailing address</b> <b>SAMANTHA SCAMARDO</b> <b>6421 NIMTZ</b> <b>FORTH WORTH, TX 76114</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>3876</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12.00</b>
3.398	<b>Nonpriority creditor's name and mailing address</b> <b>SANGAE LOWE</b> <b>11345 NEWKIRK STREET #1084</b> <b>DALLAS, TX 75229</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>3581</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20.00</b>
3.399	<b>Nonpriority creditor's name and mailing address</b> <b>SBS ADMINISTRATIVE SERVICES</b> <b>8502 HUEBNER STE 300</b> <b>SAN ANTONIO, TX 78268</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>2073</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$323.20</b>
3.400	<b>Nonpriority creditor's name and mailing address</b> <b>SCULPT MARKETING</b> <b>7312 LOUETTA RD B118 #218</b> <b>SPRING, TX 77379</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4469</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,251.90</b>
3.401	<b>Nonpriority creditor's name and mailing address</b> <b>SEAN HARRIS</b> <b>4062 N BELTLINE ROAD # 201</b> <b>IRVING, TX 75038</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>3718</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$75.00</b>
3.402	<b>Nonpriority creditor's name and mailing address</b> <b>SEASPIKE SALES LLC</b> <b>PO BOX 207146</b> <b>DALLAS, TX 75320-7146</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>781</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,800.00</b>

Debtor	Name	Case number (if known)	
	<b>Pine Creek Medical Center, LLC</b>		<b>19-33079-11</b>
3.403	<b>Nonpriority creditor's name and mailing address</b> <b>SENTINAL PLAN LIFE INS.</b> <b>PO BOX 981710</b> <b>EL PASO, TX 79998</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3049</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,184.00</b>
3.404	<b>Nonpriority creditor's name and mailing address</b> <b>SHAHINA BEGUM</b> <b>8257 RANCH VIEW DR #3109</b> <b>IRVING, TX 75063</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3224</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19.29</b>
3.405	<b>Nonpriority creditor's name and mailing address</b> <b>SHERWIN WILLIAMS</b> <b>3412 OAK LAWN AVENUE</b> <b>DALLAS, TX 75219</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2036</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,082.50</b>
3.406	<b>Nonpriority creditor's name and mailing address</b> <b>SIEMENS FINANCIAL SERVICES</b> <b>PO BOX 2083</b> <b>CARL STREAM, IL 60132-2083</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>607</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$462.29</b>
3.407	<b>Nonpriority creditor's name and mailing address</b> <b>SIEMENS MEDICAL SOLUTIONS USA, INC.</b> <b>PO BOX 120001-DEPT 0733</b> <b>DALLAS, TX 75312-0733</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1037</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,963.16</b>
3.408	<b>Nonpriority creditor's name and mailing address</b> <b>SIGNATURE GARMENT CARE</b> <b>4830 LAKAWANA STREET</b> <b>DALLAS, TX 75247</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2737</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,742.92</b>
3.409	<b>Nonpriority creditor's name and mailing address</b> <b>SILVERLEAF SURGICAL LLC</b> <b>1514 CARNATION STREET</b> <b>PROSPER, TX 75078</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3947</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$27,999.00</b>

Debtor Name	Pine Creek Medical Center, LLC	Case number (if known)	19-33079-11
3.410	<b>Nonpriority creditor's name and mailing address</b> <b>SKELETAL DYNAMICS LLC</b> <b>LOCKBOX 9492 PO BOX 70280</b> <b>PHILADELPHIA, PA 19176-0280</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2753</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,969.05</b>
3.411	<b>Nonpriority creditor's name and mailing address</b> <b>SLR MEDICAL CONSULTING</b> <b>4100 HARRY HINES SUITE 300</b> <b>DALLAS, TX 75219</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4219</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,295.00</b>
3.412	<b>Nonpriority creditor's name and mailing address</b> <b>SMART CARE EQUIPMENT SOLUTIONS</b> <b>PO BOX 74008980</b> <b>CHICAGO, IL 60674-8980</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5062</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$123.75</b>
3.413	<b>Nonpriority creditor's name and mailing address</b> <b>Smartsurg Medical Supply LLC</b> <b>14665 Midway Road, Suite 140</b> <b>Addison, TX 75001</b> Date(s) debt was incurred <u>06/05/2019</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Consumer Debt lawsuit (DC-19-08145)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.414	<b>Nonpriority creditor's name and mailing address</b> <b>SMARTSURG MEDICAL SUPPLY LLC</b> <b>14665 MIDWAY RD SUITE 140</b> <b>ADDISON, TX 75001</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4136</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$170,261.00</b>
3.415	<b>Nonpriority creditor's name and mailing address</b> <b>Smith &amp; Nephew Capital</b> <b>c/o Stephen V. Alpeter, COO</b> <b>6500 City West Parkway, Suite 401</b> <b>Eden Prairie, MN 55344</b> Date(s) debt was incurred <u>03/09/2016</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Fixed Cost Equipment Agreement No. PIN030916</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.416	<b>Nonpriority creditor's name and mailing address</b> <b>SMITH &amp; NEPHEW CAPITAL</b> <b>6500 CITY PARKWAY STE 401</b> <b>EDEN PRARIE, MN 55344</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1292</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,366.25</b>

Debtor	<b>Pine Creek Medical Center, LLC</b> Name	Case number (if known)	19-33079-11
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3.417	<b>Nonpriority creditor's name and mailing address</b> <b>SMITH AND NEPHEW INC.</b> <b>5600 CLEARFORK MAIN STREET SUITE 600</b> <b>FORTH WORTH, TX 76109</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>164</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$70,556.58</b>
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3.418	<b>Nonpriority creditor's name and mailing address</b> <b>SMITH AND NEPHEW ORTHOPAEDICS</b> <b>PO BOX 205651</b> <b>DALLAS, TX 75320-5651</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>165</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$166,472.42</b>
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3.419	<b>Nonpriority creditor's name and mailing address</b> <b>SMITH AND NEPHEW, INC</b> <b>PO BOX 951605</b> <b>DALLAS, TX 75395-1605</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>4954</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$39,465.00</b>
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3.420	<b>Nonpriority creditor's name and mailing address</b> <b>SMITH MEDICAL ASD INC.</b> <b>PO BOX 7247-7784</b> <b>PHILADELPHIA, PA 19170-7784</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>166</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$823.75</b>
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3.421	<b>Nonpriority creditor's name and mailing address</b> <b>Softchoice Corporation</b> <b>314 W. Superior, Suite 301</b> <b>Chicago, IL 60654</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Equipment Lease #8079999</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.422	<b>Nonpriority creditor's name and mailing address</b> <b>SPINAL ELEMENTS</b> <b>DEPT 3885 PO BOX 123885</b> <b>DALLAS, TX 75312-3885</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>1992</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,223.50</b>
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3.423	<b>Nonpriority creditor's name and mailing address</b> <b>SPINAL ELEMENT (AMENDIA)</b> <b>DEPT 3885 PO BOX 123885</b> <b>DALLAS, TX 75312-3885</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>1260</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$176,041.00</b>
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Debtor	<b>Pine Creek Medical Center, LLC</b> Name	Case number (if known)	19-33079-11
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3.424	<b>Nonpriority creditor's name and mailing address</b> <b>SPINE FRONTIER</b> <b>350 MAIN STREET 3RD FLOOR</b> <b>MALDEN, MA 02148</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1417</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$86,670.00</b>
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3.425	<b>Nonpriority creditor's name and mailing address</b> <b>SPINE STAR, LLC</b> <b>908 AUDELLIA RD STE 200 PMB 338</b> <b>RICHARDSON, TX 75081</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2640</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$576,155.50</b>
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3.426	<b>Nonpriority creditor's name and mailing address</b> <b>SPINE WAVE, INC</b> <b>PO BOX 347418</b> <b>PITTSBURGH, PA 15251-4418</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1222</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,549.50</b>
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3.427	<b>Nonpriority creditor's name and mailing address</b> <b>SPINEART USA INC</b> <b>8583 IRVINE CENRTER DRIVE #205</b> <b>IRVING, CA 92618</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2439</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$47,000.00</b>
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3.428	<b>Nonpriority creditor's name and mailing address</b> <b>Spirit Master Funding II, LLC</b> <b>2727 N. Harwood Street, Suite 300</b> <b>Dallas, TX 75201</b> Date(s) debt was incurred <u>08/2005</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Property Lease for 9032</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,248,394.56</b>
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3.429	<b>Nonpriority creditor's name and mailing address</b> <b>STACY SYSTEMS INC</b> <b>501 POST OAK DR</b> <b>NEWARK, TX 76071</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>795</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,750.00</b>
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3.430	<b>Nonpriority creditor's name and mailing address</b> <b>STAR DELIVERY</b> <b>PO BOX 3613</b> <b>HOUSTON, TX 77253</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1235</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,789.02</b>
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Debtor	<b>Pine Creek Medical Center, LLC</b> Name	Case number (if known) <u>19-33079-11</u>
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3.431	<b>Nonpriority creditor's name and mailing address</b> <b>STATE FARM MUTUAL AUTOMOBILE</b> <b>PO BOX 339403</b> <b>GREENLEY, CO 80633</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4105</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$15.24</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.432	<b>Nonpriority creditor's name and mailing address</b> <b>STELKAST</b> <b>PO BOX 640773</b> <b>PITTSBURGH, PA 15264-0773</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2711</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$46,061.25</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.433	<b>Nonpriority creditor's name and mailing address</b> <b>STEPHEN SEXTON</b> <b>104 PALMINO ST</b> <b>CRANDALL, TX 75114</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3596</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$380.11</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.434	<b>Nonpriority creditor's name and mailing address</b> <b>STERICYCLE</b> <b>PO BOX 6575</b> <b>CAROL STREAM, IL 60197-6575</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1054</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,419.80</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.435	<b>Nonpriority creditor's name and mailing address</b> <b>STERIS INSTRUMENT MANAGEMENT</b> <b>PO BOX 531809</b> <b>ATLANTA, GA 30353-1809</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>173</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$20,403.67</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.436	<b>Nonpriority creditor's name and mailing address</b> <b>STERIS Instrument Management Svcs.</b> <b>PO BOX 531809</b> <b>ATLANTA, GA 30353-1809</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>731</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$53,376.62</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.437	<b>Nonpriority creditor's name and mailing address</b> <b>STEVE ALLEN</b> <b>3118 OVERLOOK CIRCLE</b> <b>LEWISVILLE, TX 75077</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3608</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$73.60</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Pine Creek Medical Center, LLC</b> Name	Case number (if known)	19-33079-11
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3.438	<b>Nonpriority creditor's name and mailing address</b> <b>STRYKER COMMUNICATIONS</b> <b>22491 NETWORK PLACE</b> <b>CHICAGO, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>46</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,407.31</b>
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3.439	<b>Nonpriority creditor's name and mailing address</b> <b>STRYKER COMMUNICATIONS</b> <b>22491 NETWORK PLACE</b> <b>CHICAGO, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>694</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,407.31</b>
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3.440	<b>Nonpriority creditor's name and mailing address</b> <b>STRYKER ENDOSCOPY</b> <b>PO BOX 93276</b> <b>CHICAGO, IL 60673-3276</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>176</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$93,152.03</b>
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3.441	<b>Nonpriority creditor's name and mailing address</b> <b>STRYKER FLEX FINANCIAL</b> <b>25652 NETOWRK PLACE</b> <b>CHICAGO, IL 60673-1256</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4610</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35,209.44</b>
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3.442	<b>Nonpriority creditor's name and mailing address</b> <b>STRYKER INSTRUMENTS</b> <b>PO BOX 70119</b> <b>CHICAGO, IL 60673-0119</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>178</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$41,775.03</b>
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3.443	<b>Nonpriority creditor's name and mailing address</b> <b>STRYKER ORTHOPAEDICS</b> <b>PO BOX 93213</b> <b>CHICAGO, IL 60673-3213</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>391</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$406,308.30</b>
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3.444	<b>Nonpriority creditor's name and mailing address</b> <b>Stryker Sales Corporation</b> <b>c/o Lucas Wilson</b> <b>1901 Romence Road Parkway</b> <b>Portage, MI 49002</b> Date(s) debt was incurred <u>11/29/2016</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Equipment Lease #2210009538</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Pine Creek Medical Center, LLC**  
Name

Case number (if known)

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3.445	<b>Nonpriority creditor's name and mailing address</b> <b>STRYKER SALES CORPORATION</b> <b>PO BOX 93276</b> <b>CHICAGO, IL 60673-3276</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>180</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,283.94</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.446	<b>Nonpriority creditor's name and mailing address</b> <b>STRYKER SPINE</b> <b>21912 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1912</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>875</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$70,559.82</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.447	<b>Nonpriority creditor's name and mailing address</b> <b>SUPERIOR VISION INSURANCE, INC.</b> <b>PO BOX 201389</b> <b>DALLAS, TX 75320-1839</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5145</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,507.84</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.448	<b>Nonpriority creditor's name and mailing address</b> <b>SURGENTEC, LLC</b> <b>7601 N. FEDERAL HIGHWAY SUITE 150A</b> <b>BOCA RATON, FL 33487</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5100</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$15,024.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.449	<b>Nonpriority creditor's name and mailing address</b> <b>SURGICAL NOTES, MDP, LP</b> <b>3100 MONTICELLO AVE SUITE 450</b> <b>DALLAS, TX 75205</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>329</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$4,669.02</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.450	<b>Nonpriority creditor's name and mailing address</b> <b>SYNERGY SURGICAL</b> <b>701 E PLANO PKWY STE 506</b> <b>PLANO, TX 75074</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2421</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$311,867.15</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.451	<b>Nonpriority creditor's name and mailing address</b> <b>SYNTER RESOURCE</b> <b>5935 Rivers Ave, Ste 102</b> <b>Charleston, SC 29406</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4892</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$21,676.06</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.452	<b>Nonpriority creditor's name and mailing address</b> <b>Tatum</b> <b>PO BOX 847872</b> <b>DALLAS, TX 75284-7872</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5105</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,600.00</b>
3.453	<b>Nonpriority creditor's name and mailing address</b> <b>TECH PLAN INC.</b> <b>717 TAYLOR DRIVE</b> <b>PLANO, TX 75074</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>878</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,987.51</b>
3.454	<b>Nonpriority creditor's name and mailing address</b> <b>Teresa West</b> <b>c/o Bill Liebke</b> <b>The Liebke Firm</b> <b>805 S. Broadway</b> <b>Tyler, TX 75701</b> Date(s) debt was incurred <u>02/26/2018</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Malpractice lawsuit.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.455	<b>Nonpriority creditor's name and mailing address</b> <b>TEXAS TECH UNIVERSITY HEALTH</b> <b>SCIENCE CENTER 3601 4TH STREET MS</b> <b>7755</b> <b>LUBBOX, TX 79430</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2890</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,547.97</b>
3.456	<b>Nonpriority creditor's name and mailing address</b> <b>THE DRS NO 1 FLP</b> <b>5903 TWINS COVES</b> <b>DALLAS, TX 75248</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>568</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,800.00</b>
3.457	<b>Nonpriority creditor's name and mailing address</b> <b>THE STAYWELL COMPANY,LLC</b> <b>PO BOX 90477</b> <b>CHICAGO, IL 60696-0477</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2876</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,209.29</b>
3.458	<b>Nonpriority creditor's name and mailing address</b> <b>Theia Capital II, LLC</b> <b>951 Yamato Road, Suite 160</b> <b>Boca Raton, FL 33431</b> Date(s) debt was incurred <u>11/07/2016</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Equipment lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.459	<b>Nonpriority creditor's name and mailing address</b> <b>THYSSENKRUPP ELEVATOR CORP</b> <b>PO BOX 933004</b> <b>ATLANTA, GA 31193-3004</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2452</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,089.35</b>
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3.460	<b>Nonpriority creditor's name and mailing address</b> <b>TIME WARNER CABLE</b> <b>PO BOX 60074</b> <b>CITY OF INDUSTRY, CA 91716-0074</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4466</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,916.08</b>
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3.461	<b>Nonpriority creditor's name and mailing address</b> <b>TIMOTHY THOMASON MD</b> <b>4008 MARQUETTE STREET</b> <b>DALLAS, TX 75225</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>420</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,374.56</b>
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3.462	<b>Nonpriority creditor's name and mailing address</b> <b>TITAN ORTHOPAEDIC SALE</b> <b>16175 ADDISON ROAD</b> <b>ADDISON, TX 75001</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2641</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,342.59</b>
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3.463	<b>Nonpriority creditor's name and mailing address</b> <b>TITAN SPINE, INC.</b> <b>6140 W. EXECUTIVE DRIVE SUITE A</b> <b>MEQUON, WI 53092</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1070</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38,700.00</b>
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3.464	<b>Nonpriority creditor's name and mailing address</b> <b>TITAN TECH, INC.</b> <b>PO BIOX 822184</b> <b>NORTH RICHLAND HILLS, TX 76182</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1224</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,035.00</b>
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3.465	<b>Nonpriority creditor's name and mailing address</b> <b>TONYA MOORE</b> <b>919 VEDRAL</b> <b>CEDAR HILL, TX 75104</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3848</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$133.89</b>
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Debtor **Pine Creek Medical Center, LLC**  
Name

Case number (if known)

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3.466	<b>Nonpriority creditor's name and mailing address</b> <b>TORNIER INC</b> <b>PO BOX 4631</b> <b>HOUSTON, TX 77210-4631</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1621</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50,620.50</b>
3.467	<b>Nonpriority creditor's name and mailing address</b> <b>TRACY BARKER</b> <b>6517 FALCON STREET</b> <b>ROWLETT, TX 75089</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3872</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$112.67</b>
3.468	<b>Nonpriority creditor's name and mailing address</b> <b>TRACY HARRIS</b> <b>415 THRUSH AVE</b> <b>DUNCANVILLE, TX 75116</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3244</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$74.26</b>
3.469	<b>Nonpriority creditor's name and mailing address</b> <b>TRANSITION MEDICAL EQUIPMENT</b> <b>15 MIRROR RIDGE DRIVE</b> <b>THE WOODLANDS, TX 77382</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4504</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,820.13</b>
3.470	<b>Nonpriority creditor's name and mailing address</b> <b>TRANSPLANT SERVICES CENTER</b> <b>5323 HARRY HINES BLVD</b> <b>DALLAS, TX 75390-2609</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>872</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$500.00</b>
3.471	<b>Nonpriority creditor's name and mailing address</b> <b>TRICE MEDICAL</b> <b>PO BOX 392743</b> <b>PITTSBURGH, PA 15251-9747</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4798</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,709.72</b>
3.472	<b>Nonpriority creditor's name and mailing address</b> <b>TRIMED</b> <b>PO BOX 55189</b> <b>VELENCIA, CA 91385-0189</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>825</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,661.00</b>

Debtor **Pine Creek Medical Center, LLC**  
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3.473	<b>Nonpriority creditor's name and mailing address</b> <b>TRITIN MEDICAL DISTRIBUTION</b> <b>112 N 8TH STREET SUITE A</b> <b>MIDLOTHIAN, TX 75234</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4644</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$36,040.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.474	<b>Nonpriority creditor's name and mailing address</b> <b>TYPENEX MEDICAL, LLC</b> <b>303 E WACKER DRIVE SUITE 1030</b> <b>CHICAGO, IL 60601</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1313</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$396.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.475	<b>Nonpriority creditor's name and mailing address</b> <b>U.S. Bank Equipment Finance</b> <b>a Division of U.S. Bank National Assoc.</b> <b>1310 Madrid Street</b> <b>Marshall, MN 56258</b> Date(s) debt was incurred <u>02/23/2017</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Equipment lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.476	<b>Nonpriority creditor's name and mailing address</b> <b>U.S. Infusion Inc.</b> <b>4904 WILLIAMS RD</b> <b>BENBROOK, TX 76116</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>858</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$275.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.477	<b>Nonpriority creditor's name and mailing address</b> <b>ULRICH MEDICAL USA</b> <b>18221 EDISON AVE</b> <b>CHESTERFIELD, MO 63005</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4643</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$8,511.92</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.478	<b>Nonpriority creditor's name and mailing address</b> <b>UNI FORMS AND SERVICES</b> <b>816 RIDGEFIELD DR</b> <b>PLANO, TX 75075-8717</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>192</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$115.74</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.479	<b>Nonpriority creditor's name and mailing address</b> <b>UNITED LABORATORIES</b> <b>PO BOX 410</b> <b>ST CHARLES, IL 60174-0410</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1370</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$329.31</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.480	<b>Nonpriority creditor's name and mailing address</b> <b>UNUM LIFE INSURANCE COMPANY</b> <b>PO BOX 409548</b> <b>ATLANTA, GA 30384-9548</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5114</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,477.14</b>
3.481	<b>Nonpriority creditor's name and mailing address</b> <b>UPS FREIGHT</b> <b>PO BOX 7247-0244</b> <b>PHILADELPHIA, PA 19170-0001</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1991</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,666.11</b>
3.482	<b>Nonpriority creditor's name and mailing address</b> <b>VALERA MOON</b> <b>1722 SANTA CRUZ</b> <b>GRAND PRAIRIE, TX 75051</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3555</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$91.02</b>
3.483	<b>Nonpriority creditor's name and mailing address</b> <b>VALLEY SURGICAL, INC</b> <b>633 S ANDREWS AVE SUITE 400</b> <b>FORT LAUDERDALE, FL 33301</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5160</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,752.00</b>
3.484	<b>Nonpriority creditor's name and mailing address</b> <b>Varilease Finance, Inc.</b> <b>6340 South 3000 East, Suite 400</b> <b>Salt Lake City, UT 84121</b> Date(s) debt was incurred <u>03/31/2017</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Equipment lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.485	<b>Nonpriority creditor's name and mailing address</b> <b>VAXSERVE, INC</b> <b>12566 COLLECTIONS CENTER DRIVE</b> <b>CHICAGO, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>660</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,939.54</b>
3.486	<b>Nonpriority creditor's name and mailing address</b> <b>VERATHON MEDICAL</b> <b>PO BOX 935117</b> <b>ATLANTA, GA 31193-5117</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>879</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,769.43</b>

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3.487	<b>Nonpriority creditor's name and mailing address</b> <b>VERSACOR</b> <b>PO BOX 93809</b> <b>SOUTHLAKE, TX 76092</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2156</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$532.60</b>
3.488	<b>Nonpriority creditor's name and mailing address</b> <b>VERTIV SERVICES, INC</b> <b>PO BOX 70474</b> <b>CHICAGO, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4436</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$465.91</b>
3.489	<b>Nonpriority creditor's name and mailing address</b> <b>VICTORIA GREGG-IRVING</b> <b>7434 SANDHURST LAND</b> <b>NORTH RICHLAND HILLS, TX 76182</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4571</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$857.37</b>
3.490	<b>Nonpriority creditor's name and mailing address</b> <b>VILEX, INC.</b> <b>111 MOFFITT STREET</b> <b>MCMINNVILLE, TN 37110</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>972</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,153.00</b>
3.491	<b>Nonpriority creditor's name and mailing address</b> <b>Vonetta Carter</b> <b>7290 Crosswater Drive</b> <b>Tyler, TX 75703</b> Date(s) debt was incurred <u>02/04/2019</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Personal injury lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.492	<b>Nonpriority creditor's name and mailing address</b> <b>VYAIER MEDICAL, INC</b> <b>26125 NORTH RIVERWOODS BLVD</b> <b>METTAWA, IL 60045</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4916</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,536.76</b>
3.493	<b>Nonpriority creditor's name and mailing address</b> <b>WALLACE BEAVERS</b> <b>130 GREER RD</b> <b>POLLOCK, LA 71467</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4189</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$48.00</b>

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3.494	<b>Nonpriority creditor's name and mailing address</b> <b>WASTE CONNECTIONS OF TEXAS</b> <b>PO BOX 742692</b> <b>CINCINNATI, OH 45274-2695</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2261</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$4,578.60</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.495	<b>Nonpriority creditor's name and mailing address</b> <b>WERFEN USA, LLC</b> <b>PO BOX 347934</b> <b>PITTSBURGH, PA 15251-4934</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2389</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$1,130.50</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.496	<b>Nonpriority creditor's name and mailing address</b> <b>WHITNEY SAWYER</b> <b>627 WESTWOOD DRIVE</b> <b>RICHARDSON, TX 75080</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3877</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$50.64</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.497	<b>Nonpriority creditor's name and mailing address</b> <b>Winthrop Resources Corporation</b> <b>c/o David Laschenski, VP Workouts</b> <b>TCF Capital Solutions</b> <b>11100 Wayzata Boulevard, Suite 801</b> <b>Hopkins, MN 55305</b> Date(s) debt was incurred <u>02/2018</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>Unknown</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Equipment Lease Agreement PI110217</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.498	<b>Nonpriority creditor's name and mailing address</b> <b>WINTHROP RESOURCES CORPORATION</b> <b>11110 WAYZATA BOULEVARD SUITE 800</b> <b>MINNETONKA, MN 55305</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4871</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$5,832.52</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.499	<b>Nonpriority creditor's name and mailing address</b> <b>WOLTERS KLUWER HEALTH INC</b> <b>62526 COLLECTIONS CENTER DRIVE</b> <b>CHICAGO, IL 60693-0625</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>277</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$9,116.99</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.500	<b>Nonpriority creditor's name and mailing address</b> <b>WRIGHT MEDICAL</b> <b>PO BOX 503482</b> <b>ST. LOUIS, MO 63150-3482</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>203</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$64,646.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Merchandise/Services Purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.501	<b>Nonpriority creditor's name and mailing address</b> <b>XO COMMUNICATIONS -VERIZON</b> <b>PO BOX 15043</b> <b>ALBANY, NY 12212-5043</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>367</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,027.98</b>
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3.502	<b>Nonpriority creditor's name and mailing address</b> <b>XTANT MEDICAL</b> <b>BACTERIN INTERNATIONAL, INC DEPT CH</b> <b>16872</b> <b>PALATINE, IL 60055-6872</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4340</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$90.00</b>
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3.503	<b>Nonpriority creditor's name and mailing address</b> <b>YAO YAO KONG</b> <b>600 ALABASTER PLACE</b> <b>CEDAR HILL, TX 75104</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4057</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$264.13</b>
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3.504	<b>Nonpriority creditor's name and mailing address</b> <b>YONG LEE</b> <b>3405 TIMBERWOOD CIRCLE #2121</b> <b>ARLINGTON, TX 76015</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3679</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$665.84</b>
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3.505	<b>Nonpriority creditor's name and mailing address</b> <b>YOSIEF ZEGGAI</b> <b>3427 HIGH VISTA DR</b> <b>DALLAS, TX 75234</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4072</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$291.94</b>
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3.506	<b>Nonpriority creditor's name and mailing address</b> <b>ZIMMER BIOMET</b> <b>PO BOX 840166</b> <b>DALLAS, TX 75284-0166</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1211</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$237,865.16</b>
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3.507	<b>Nonpriority creditor's name and mailing address</b> <b>ZIMMER BIOMET (ETEX)</b> <b>675 MASSACHUSETTS AVE 12 FIR.</b> <b>CAMBRIDGE, MA 02139</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1174</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchandise/Services Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,365.00</b>
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3.508	Nonpriority creditor's name and mailing address <b>ZIMMER BIOMET SPINE</b> <b>75 REMITTANCE DRIVE STE 6931</b> <b>CHICAGO, IL 60675-6931</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>1249</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Merchandise/Services Purchased</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$87,850.50</b>
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3.509	Nonpriority creditor's name and mailing address <b>ZIMMER KNEE CREATIONS INC.</b> <b>841 SPRINGDALE DRIVE</b> <b>EXTON, PA 19241</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>3462</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Merchandise/Services Purchased</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$39,300.00</b>
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**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Andrew P. Price</b> <b>Norton Rose Fulbright US LLP</b> <b>1301 McKinney, Suite 5100</b> <b>Houston, TX 77010-3095</b>	Line <u>3.132</u> <input type="checkbox"/> Not listed. Explain ____	—
4.2	<b>Andrew P. Price</b> <b>Norton Rose Fulbright US LLP</b> <b>1301 McKinney, Suite 5100</b> <b>Houston, TX 77010-3095</b>	Line <u>3.83</u> <input type="checkbox"/> Not listed. Explain ____	—
4.3	<b>Arnold Shokouhi</b> <b>McCathern, PLLC</b> <b>3710 Rawlins Street, Suite 1600</b> <b>Dallas, TX 75219</b>	Line <u>3.299</u> <input type="checkbox"/> Not listed. Explain ____	—
4.4	<b>Bill Liebbe</b> <b>The Liebbe Firm</b> <b>805 S. Broadway</b> <b>Tyler, TX 75701</b>	Line <u>3.454</u> <input type="checkbox"/> Not listed. Explain ____	—
4.5	<b>Brant S. Miller</b> <b>Law Office of Brant S. Miller</b> <b>17503 La Cantera Pkwy., Suite 104-610</b> <b>San Antonio, TX 78257</b>	Line <u>3.454</u> <input type="checkbox"/> Not listed. Explain ____	—
4.6	<b>David C. McCue</b> <b>McCue-Pauley &amp; Associates, P.C.</b> <b>15150 Preston Road, Suite 200</b> <b>Dallas, TX 75248</b>	Line <u>3.316</u> <input type="checkbox"/> Not listed. Explain ____	—
4.7	<b>Dirk Rodriguez, M.D., P.A.</b> <b>c/o Dirk Rodriguez</b> <b>7515 Greenville Avenue, Suite 1030</b> <b>TX 75213</b>	Line <u>3.316</u> <input type="checkbox"/> Not listed. Explain ____	—

Debtor <b>Pine Creek Medical Center, LLC</b> Name		Case number (if known) <b>19-33079-11</b>
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed? Last 4 digits of account number, if any
4.8	<b>Elizabeth M. Fraley The Fraley Firm 901 Main Street, Suite 6300 Dallas, TX 75202</b>	Line <b><u>3.491</u></b> <input type="checkbox"/> Not listed. Explain _____
4.9	<b>Jeffrey W. Ryan Chamblee Ryan, P.C. 2777 Stemmons Frwy., Suite 1157 Dallas, TX 75207</b>	Line <b><u>3.454</u></b> <input type="checkbox"/> Not listed. Explain _____
4.10	<b>John Alexander, M.D. 11970 North Central Expwy., Suite 600 Dallas, TX 75243</b>	Line <b><u>3.454</u></b> <input type="checkbox"/> Not listed. Explain _____
4.11	<b>John T. Cox III Lynn Pinker Cox &amp; Hurst, LLP 2100 Ross Avenue, Suite 2700 Dallas, TX 75201</b>	Line <b><u>3.83</u></b> <input type="checkbox"/> Not listed. Explain _____
4.12	<b>John T. Cox III Lynn Pinker Cox &amp; Hurst, LLP 2100 Ross Avenue, Suite 2700 Dallas, TX 75201</b>	Line <b><u>3.84</u></b> <input type="checkbox"/> Not listed. Explain _____
4.13	<b>Mark A. Haney Puls Haney, PLLC 301 Commerce Street, Suite 2900 Fort Worth, TX 76102</b>	Line <b><u>3.316</u></b> <input type="checkbox"/> Not listed. Explain _____
4.14	<b>Mark E. Torian Bradley Arant Boult Cummings LLP 4400 Renaissance Tower 1201 Elm Street Dallas, TX 75270</b>	Line <b><u>3.413</u></b> <input type="checkbox"/> Not listed. Explain _____
4.15	<b>Nathan Cox Thiebaud Remington Thornton Bailey LLP Two Energy Square 4849 Greenville Avenue, Suite 1150 Dallas, TX 75206</b>	Line <b><u>3.491</u></b> <input type="checkbox"/> Not listed. Explain _____
4.16	<b>Roland Witherspoon The Witherspoon Law Group, PLLC 7290 Crosswater Drive Tyler, TX 75703</b>	Line <b><u>3.491</u></b> <input type="checkbox"/> Not listed. Explain _____
4.17	<b>Ryan A. Starnes Libby Sparks Willis Starnes PLLC 5950 Berkshire Lane, Suite 200 Dallas, TX 75225</b>	Line <b><u>3.132</u></b> <input type="checkbox"/> Not listed. Explain _____
4.18	<b>Wendy H. Hermes Thiebaud Remington Thornton Bailey LLP 4849 Greenville Avenue, Suite 1150 Dallas, TX 75202</b>	Line <b><u>3.316</u></b> <input type="checkbox"/> Not listed. Explain _____
4.19	<b>William M. Carter II, MD 7246 Beranger Drive Irving, TX 75063</b>	Line <b><u>3.491</u></b> <input type="checkbox"/> Not listed. Explain _____

Debtor **Pine Creek Medical Center, LLC**  
NameCase number (if known) **19-33079-11****Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <b>0.00</b>
5b. +	\$ <b>20,480,925.26</b>
5c.	\$ <b>20,480,925.26</b>

**Fill in this information to identify the case:**Debtor name **Pine Creek Medical Center, LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**Case number (if known) **19-33079-11**☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Rental Agreement #1853102**State the term remaining **0**

List the contract number of any government contract \_\_\_\_\_

**Americorp Financial, LLC  
c/o Kristiana A. Ickes, VP Operations  
877 South Adams Road  
Birmingham, MI 48009**2.2. State what the contract or lease is for and the nature of the debtor's interest **CRO Employment Contract**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**GlassRatner Advisory & Capital Group LLC  
c/o Mark Shapiro  
3500 Maple Avenue, Suite 350  
Dallas, TX 75219**2.3. State what the contract or lease is for and the nature of the debtor's interest **Master Lease Agreement #9052 and Schedule Nos. 1, 2, and 3.**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Insight Investments, LLC  
c/o Christopher M. Czaja, Exec. VP  
611 Anton Boulevard, Suite 700  
Costa Mesa, CA 92626**2.4. State what the contract or lease is for and the nature of the debtor's interest **Services Agreement**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**National Billing Partners, LLC  
c/o Nancy Moore  
4515 Seton Center Parkway, Suite 240  
Austin, TX 78759**

Debtor 1 **Pine Creek Medical Center, LLC**

First Name

Middle Name

Last Name

Case number (if known)

19-33079-11

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Master Lease Agreement #0008922**

State the term remaining **2 years**

List the contract number of any government contract \_\_\_\_\_

**Olympus America Inc.  
c/o John D. Parson, Vice President FS  
3500 Corporate Parkway  
Center Valley, PA 18034**

Debtor 1 **Pine Creek Medical Center, LLC**

Case number (if known)

19-33079-11

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.6. State what the contract or lease is for and the nature of the debtor's interest

LEASE CONTRACT:  
100-3190114-100;  
LEASE CONTRACT:  
200-3171378-100;  
LEASE CONTRACT:  
200-3171387-100;  
LEASE CONTRACT:  
200-3171364-100;  
LEASE CONTRACT:  
200-3171366-100;  
LEASE CONTRACT:  
200-3171385-100;  
LEASE CONTRACT:  
200-3110910-100;  
LEASE CONTRACT:  
200-3171484-100;  
LEASE CONTRACT:  
200-3171389-100;  
LEASE CONTRACT:  
200-3171377-100;  
LEASE CONTRACT:  
200-3171363-100;  
LEASE CONTRACT:  
200-3171381-100;  
LEASE CONTRACT:  
200-3171368-100;  
LEASE CONTRACT:  
200-3171375-100;  
LEASE CONTRACT:  
200-3171379-100;  
LEASE CONTRACT:  
200-3171380-100;  
LEASE CONTRACT:  
200-3171369-100;  
LEASE CONTRACT:  
200-3171374-100;  
LEASE CONTRACT:  
200-3171376-100;  
LEASE CONTRACT:  
200-3171370-100;  
LEASE CONTRACT:  
200-3171371-100;  
LEASE CONTRACT:  
200-3171386-100;  
LEASE CONTRACT:  
200-3171382-100;  
LEASE CONTRACT:  
200-3171365-100;  
LEASE CONTRACT:  
200-3171367-100;  
LEASE CONTRACT:  
200-3171373-100;  
LEASE CONTRACT:  
200-3171390-100;  
LEASE CONTRACT:  
200-3171384-100;  
LEASE CONTRACT:

Ricoh USA, Inc.  
70 Valley Stream Parkway  
Malvern, PA 19355

Debtor 1 **Pine Creek Medical Center, LLC**

First Name

Middle Name

Last Name

Case number (if known)

19-33079-11

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

200-3171483-100;  
LEASE CONTRACT:  
200-3171388-100;  
LEASE CONTRACT:  
200-3171372-100

State the term remaining

List the contract number of any government contract

2.7. State what the contract or lease is for and the nature of the debtor's interest **Equipment Lease #8079999**

State the term remaining **7 months**

List the contract number of any government contract

**Softchoice Corporation**  
**314 W. Superior, Suite 301**  
**Chicago, IL 60654**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Property Lease for 9032 Property**

State the term remaining **13 years**

List the contract number of any government contract

**Spirit Master Funding II, LLC**  
**c/o Sarah A. Kubiak, Esq.**  
**16767 North Perimeter Drive, Suite 210**  
**Scottsdale, AZ 85260-1042**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Equipment Lease #2210009538**

State the term remaining **14 months**

List the contract number of any government contract

**Stryker Sales Corporation**  
**c/o Devon Ivy**  
**1901 Romence Road Parkway**  
**Portage, MI 49002**

2.10. State what the contract or lease is for and the nature of the debtor's interest **Equipment Lease #PI110217**

State the term remaining **27 months**

List the contract number of any government contract

**Winthrop Resources Corporation**  
**c/o David Laschenski, VP Workouts**  
**TCF Capital Solutions**  
**11100 Wayzata Boulevard, Suite 801**  
**Hopkins, MN 55305**



**Fill in this information to identify the case:**Debtor name **Pine Creek Medical Center, LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**Case number (if known) **19-33079-11**☐ Check if this is an amended filing**Official Form 206H  
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

- |       |                                    |  |                              |  |
|-------|------------------------------------|--|------------------------------|--|
| 2.1   | Physician Synergy Group, LLC       | 5605 North Macarthur Blvd.<br>Irving, TX 75038   | Peak, LLC, as Representative | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.362</u><br><input type="checkbox"/> G _____ |
| <hr/> |                                    |  |                              |  |
| 2.2   | Physician Synergy Group, LLC       | 5605 North Macarthur Blvd.<br>Irving, TX 75038   | Varilease Finance, Inc.      | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.484</u><br><input type="checkbox"/> G _____ |
| <hr/> |                                    |  |                              |  |
| 2.3   | Physician Synergy Group, LLC       | 5605 North Macarthur Blvd.<br>Irving, TX 75038<br>While Debtor's records do not reflect a co-debtor relationship, a UCC-1 financing statement was filed by Prime Alliance Bank listing this entity as a co-debtor. | Prime Alliance Bank          | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.373</u><br><input type="checkbox"/> G _____ |
| <hr/> |                                    |  |                              |  |
| 2.4   | PSG Mid-Cities Medical Center, LLC | 5605 North Macarthur Blvd.<br>Irving, TX 75038   | Peak, LLC, as Representative | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.362</u><br><input type="checkbox"/> G _____ |

Debtor **Pine Creek Medical Center, LLC**Case number (if known) **19-33079-11****Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

- |       |   |  |                              |  |
|-------|---|--|------------------------------|--|
| 2.5   | <b>PSG Mid-Cities Medical Center, LLC</b> | 5605 North Macarthur Blvd.<br>Irving, TX 75038   | Varilease Finance, Inc.      | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.484</u><br><input type="checkbox"/> G _____ |
| <hr/> |   |  |                              |  |
| 2.6   | <b>PSG Mid-Cities Medical Center, LLC</b> | 5605 North Macarthur Blvd.<br>Irving, TX 75038<br>While Debtor's records do not reflect a co-debtor relationship, a UCC-1 financing statement was filed by Prime Alliance Bank listing this entity as a co-debtor. | Prime Alliance Bank          | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.373</u><br><input type="checkbox"/> G _____ |
| <hr/> |   |  |                              |  |
| 2.7   | <b>Saint Camillus Medical Center</b>      | 5605 North Macarthur Blvd.<br>Irving, TX 75038   | Peak, LLC, as Representative | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.362</u><br><input type="checkbox"/> G _____ |
| <hr/> |   |  |                              |  |
| 2.8   | <b>Saint Camillus Medical Center</b>      | 5605 North Macarthur Blvd.<br>Irving, TX 75038   | Varilease Finance, Inc.      | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.484</u><br><input type="checkbox"/> G _____ |
| <hr/> |   |  |                              |  |
| 2.9   | <b>Saint Camillus Medical Center</b>      | 5605 North Macarthur Blvd.<br>Irving, TX 75038<br>While Debtor's records do not reflect a co-debtor relationship, a UCC-1 financing statement was filed by Prime Alliance Bank listing this entity as a co-debtor. | Prime Alliance Bank          | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.373</u><br><input type="checkbox"/> G _____ |